



AC Cugini

Mail payment to: AC Cugini, P.O. Box 165, Great Falls, VA 22066
Questions? Call 866.792.9433 or email: registration@cuginisoccer.com
www.cuginisoccer.com



Coed Developmental Winter League: Ages 8-11; January 4-February 23, 2014
Lake Fairfax Field 4: Saturday practice: 11:30am-1:00pm; Sunday Futsal games: 2:00-3:00pm
All sections must be completed. Email address must be provided.

Player's first name Last name Date of birth
Street address City Zipcode
Mother's name Father's name
Home telephone # Mother cell# Father cell#
Email address Emergency contact name & telephone #
Known medical issues, allergies Doctor's telephone #
Is player covered by insurance? Yes No
Insurance company Policy# Policy holder's name

Registration Fees: (please select correct fee below based on player's home address/residency)

Fairfax County Resident Standard Fee - \$120
Is player's home address in Fairfax County? YES NO (if no, you must pay \$150 non-resident fee below)

NON Fairfax County Resident Standard Fee - \$150

\$40 Scholarship Fee (Available to Fairfax County residents ONLY)

Parent or legal guardian must complete ALL sections below regarding child on this registration to be considered for a scholarship:

Is this child a resident of Fairfax County? YES NO

Is this child CURRENTLY RECEIVING assistance from any of the following programs:

- Free or Reduced School Lunch in a Fairfax County Public School YES NO
Temporary Assistance for Needy Families (TANF) YES NO
Aid for Dependent Children YES NO
Medicaid YES NO

Has any member of your family been denied a scholarship or broken a scholarship agreement with Cugini Soccer? YES NO

Do you commit to making sure your child attends all practices and games? YES NO

Amount Paid: \$

Medical Release & Liability Waiver (must be signed and dated by player's parent or guardian)

As parent/guardian of player named on this registration, I certify that he/she is covered my medical insurance and is in excellent health and has no physical, mental, or emotional problems which are likely to prevent participation in strenuous activities. I hereby give my approval for above player to participate in all activities of Cugini Soccer, AC Cugini Scuola Calcio, including but not limited to practices, games, tournaments, camps, clinics, and any other activity associated with Cugini Soccer Club, AC Cugini Scuola Calcio. I assume all risks and hazards incidental to the conduct of soccer-related activities including transportation to and from all Cugini Soccer/AC Cugini-related activities. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry and certify that above player is covered by medical insurance. I further hereby release, indemnify and agree to hold harmless Cugini Soccer, AC Cugini Scuola Calcio, and its officers, directors, agents, sponsors, volunteers, and other staff from any claim, suit, demand, or action arising out of injury to above player or my family's involvement as Cugini Soccer/ AC Cugini Scuola Calcio members. I acknowledge that I have read, understand, and accept all published AC Cugini Soccer policies (including the Cugini Code of Conduct) and this waiver and release. I also understand there are no refunds once payment has been submitted. If my child is granted a scholarship and chooses to leave a Cugini team before the season ends, I agree to reimburse Cugini for fees that equal the established standard registration fee. I understand this is a release of liability and I give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian name: (print)

Parent or Guardian signature Date

Do Not Write Below this Line - For Cugini Soccer Official Use Only

Scholarship awarded? YES NO More information required Cugini Soccer Official's Signature Date