

**Carolina Elite Soccer Academy**  
c/o 18 Boland Court, Greenville, SC 29615

RECREATION REGISTRATION FORM  
(864) 329-1113 Fax (864) 329-1103

Mail to: Registrar c/o CESA  
18 Boland CT  
Greenville, SC 29615

PLEASE PRINT OR TYPE ALL INFORMATION

★ Dedicated volunteers run Carolina Elite Soccer Academy! When you register your child YOU become a volunteer - please sign up to help us volunteer this season! ★

Please check one: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Concessions \_\_\_\_\_ Other \_\_\_\_\_

Player's name: \_\_\_\_\_ School: \_\_\_\_\_  
As it is listed on the birth certificate

Address: \_\_\_\_\_ City \_\_\_\_\_ 29 \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male / Female E-mail address: \_\_\_\_\_

New ? \_\_\_\_\_ Returning? \_\_\_\_\_ Jersey # \_\_\_\_\_ Number seasons played \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Father work #: \_\_\_\_\_ Mother work #: \_\_\_\_\_

<u>U6 3-days:</u> MeSA Sunset / Wenwood Eastside	<u>Practice Preference: U8 - U18:</u> MeSA Eastside Wenwood / Sunset
<u>U6 2-days:</u> MeSA Sunset (Mon/Wed 5:30 – 6:45 pm)	How many children are you registering? _____

**Registration fees:** \$75 for the first child **BEFORE June 15 for FALL Registration (For Spring Registration BEFORE November 16)**, and \$65 for each additional child. **\$85 for the first child after June 15 for FALL Registration (For Spring Registration AFTER November 16)**, and \$75 for each additional child. **All players must have a legible copy of legal birth certificate on file (not hospital copy).**

Registering for: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

I give my permission to have my child photographed during games or practice for use on the website, newspaper, media or for sponsorship information. At no point will CESA give out players names with pictures. If you do not want your child photographed check here: \_\_\_\_\_

**PLAYER & PARENT'S CODE OF CONDUCT**

Player agrees to become an active member of the team and promises to faithfully abide by the rules and regulations and always stand for clean sports. I hereby pledge to provide positive support and encouragement for my child and officials participating in youth soccer by following the following code of conduct:

- I will not address the referee during the game, the only exception being to point out emergencies or safety issues. (After the completion of the game, you may politely ask for the referee to explain the rules surrounding a call made during the game.)
- I will not coach from the touchline. If I do, I may confuse distract or frustrate the players as well as contradict a coach's instructions.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials.
- I will treat other players, coaches, fans and officials with respect.
- During games I will stay at least three (3) feet from the touchline and completely away from the area behind the goal and the player/coach touchline.
- I will encourage fair play.
- I will de-emphasize winning and losing
- I will applaud good plays by members of my team and the members of the opposing team.
- I will not bring alcohol or illegal drugs inside the soccer complex.
- I will not use profanity around players, fans and officials.
- I will remember that my CHILD is the one playing soccer, not me.

Signed: \_\_\_\_\_  
Father's signature \_\_\_\_\_ Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:	Age Division _____	BC? _____	Amount \$ _____
	Date received _____	Cash _____	Check # _____

# Carolina Elite Soccer Academy

## PLAYER MEDICAL INFORMATION AND RELEASE

Please complete this form and return with your application. Your child may not be on the field without this information on file with his/her coach.

Player's name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

Allergies: (include drugs, bites, other) \_\_\_\_\_

Any additional health information or medication requirements of which the coach may need to be aware:

Recognizing the possibility of physical injury associated with soccer, and in consideration for USYSA/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") hereby release, discharge and/or otherwise indemnify USYSA/USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the coach and/or assistant coach permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment of my child.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_