

# CORNWALL YOUTH SOCCER 2011

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M  F   
\_\_\_\_\_  
Player's Last Name                      Player's First Name                      Birthdate  
\_\_\_\_\_  
Street                      Town                      Zip Code                      Y  N   
Did child play in Cornwall  
Rec league last year?

Home Phone \_\_\_\_\_ Contact Parent Cell phone \_\_\_\_\_

School Attending **Fall** 2011 \_\_\_\_\_ Grade **Fall** 2011 \_\_\_\_\_

First and Last Names of Parents/Guardians: \_\_\_\_\_

List Any Medical Problems: \_\_\_\_\_

Doctor to Notify in Emergency: \_\_\_\_\_

Email addresses for communications from league: \_\_\_\_\_  
(Please print clearly)

Alternate Person to Notify in Emergency: \_\_\_\_\_ Phone \_\_\_\_\_

**Are you willing to:**

\_\_\_\_\_ Coach    \_\_\_\_\_ Assistant Coach    \_\_\_\_\_ Newspaper Write-ups    \_\_\_\_\_ Field Assistance  
Name of Volunteer: \_\_\_\_\_

***Consent for Medical Treatment/Permission to Play:***

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for \_\_\_\_\_ as his/her legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb or well- being of my dependent. I am aware that soccer is a contact sport and that my child is participating in this program at his/her own risk. I agree that Cornwall United Soccer cannot accept responsibility or liability for any injuries during the season. I am aware that my child must wear shin guards during all practices and games and if a serious injury does occur that I am to inform the coach in a timely manner. I hereby give my permission for my child to play.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Shirt Size:** (Circle one) YXS   YS   YM   YL   YXL   AS   AM   AL   AXL

**Short Size:** (Circle one) YXS   YS   YM   YL   YXL   AS   AM   AL   AXL

***\$70 for 1 child/ \$125 for 2 children/ \$150 for 3 or more  
Make checks payable to: CUSC/Rec***

*No Refunds after July 1, 2011*

*Late Registrations- add \$10 after June 30, 2011 accepted only if space is available in division*

*Mail to: Cornwall United/Rec Soccer, PO Box 277, Cornwall, NY 12518*

**For Club Use Only:**

Method of Payment:                      Amount Paid \$                      Number of children registered  
Cash                       \_\_\_\_\_                      \_\_\_\_\_  
Check                       Check # \_\_\_\_\_                      \_\_\_\_\_