



**CHRISTIAN ATHLETIC ASSOCIATION
2010 CO-ED SPRING INDOOR SOCCER REGISTRATION**

On-Line Registration Available beginning 2/23/10 at: www.caayouthsports.org

Forms may also be printed from our web site and mailed to: 2001A Frederick Road, 21228

AGE GROUP: (AGE BASED AS OF APRIL 1ST 2010) *Age Group Breaks below are subject to change as needed.*

5-7 CO-ED 8-9 CO-ED 10-11 CO-ED 12-13 CO-ED
14-15 CO-ED 16-17 CO-ED **18-34 CO-ED** **35+ CO-ED**

REGISTRATION FEE: \$70.00 FOR ONE PLAYER
\$140.00 FOR TWO SIBLINGS
\$200.00 FOR THREE OR MORE SIBLINGS

* \$10 Late Fee will be assessed to any registration **rec'd after March 25th**

* **Reg. not refundable after March 25th, (prior to March 25th \$10.00 will be deducted from refund)**

* **Registration fees are not transferable to another sport or service. Games begin mid April.**

PLAYING LOCATION: 5-7 & 8-9 YEAR OLDS WILL BE PLAYING AT BISHOP CUMMINS CHURCH, 2001 Frederick Road, 21228 / 10-ADULT PLAY AT LAMB OF GOD SCHOOL 1810 Fairview Ave. 21227

EQUIPMENT: INDOOR SOCCER IS PLAYED IN WHITE SOLED, NON MARKING ATHLETIC SHOES.
SHIN GUARDS ARE MANDATORY. No wire rimmed glasses allowed.

PLEASE NOTE: RETURNING PLAYERS FROM 2009/10 FALL/ WINTER HAVE FIRST PRIORITY if registered by March 25th
All others first come /first serve.

-----Cut Here-Keep Information Above-----

2010 SPRING CAA CO-ED INDOOR SOCCER REGISTRATION FORM

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	M/F	AGE AS OF 4/01/10	Yrs of Experience
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
CHURCH ATTENDING: _____ HOME PHONE: _____
DAD'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____
MOM'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____
EMERGENCY CONTACT(OTHER THAN PARENT): _____ PHONE: _____

E-Mail Address: _____ (please print clearly) Family Cell Phone: _____

I hereby give permission for my child/children to participate in Christian Athletic Association. I accept full responsibility for any equipment and/or uniform(s). I understand that my child will have no further participation in CAA until uniform or fee is rendered. No refunds as of March 25th. (Prior to March 25th, \$10 will be deducted from refund).

I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

Parent/Guardian signature: _____

PARENTS:

YOUR HELP IN THIS PROGRAM IS NEEDED AND GREATLY APPRECIATED. PLEASE CHECK AREA(S) YOU WOULD BE WILLING TO SERVE AS A VOLUNTEER. THANK YOU! OUR CHILDREN NEED YOU.

MANAGER/HEAD COACH: _____
ASSISTANT COACH: _____
REFEREE (Experienced or willing to learn) _____

FACILITY CLEAN-UP AFTER GAME: xx ALL FAMILIES MUST PICK-UP AFTER EACH OTHER
(Facility use is a privilege, not to be taken lightly or carelessly).

INTEREST IN SPONSORING A TEAM: _____

Parents must keep all other children who attend games with you in your view at all times. Do Not Allow them in the hallways, rest rooms or other rooms without adult supervision. Please do not allow them to touch light switches, thermostats, alarms or other controls in the facility. Thank you for your assistance.

AUTHORIZED SIGNATURE ONLY: _____ REG. FEE REC'D _____ LATE FEE _____