



Little Kicker Soccer (Internal competition – no travel)

Registration Form: *please complete one per player.*

In house fun recreation program for younger players. No travel expected and training is focused around soccer fundamentals and basics. Volunteer parent coaches with periodic technical training from soccer experts and professional players.

Season training and operating fee \$60

Soccer uniform (jersey) included in the fee.

Players must provide shorts, socks, shin guards (mandatory), and soccer cleats (optional – tennis shoes will work at this age)

Player Information

Last name: _____ First name: _____ (as on birth certificate)

Nickname: _____ Sex: _____ Date of Birth: _____ Age: _____

Doctor: _____ Dr's. Phone () _____ - _____

List any medical problem or prohibition player has: _____

Parent/Guardian Information

Dad's (Guardian) Last name: _____ **First:** _____ **Occupation:** _____

Bus. Phone : () _____ - _____ **Mobile/Pager #:** () _____ - _____ **e-mail:** _____

Address: _____

City: _____ **SC Zip:** _____

Mom's Last name: _____ **First:** _____ **Occupation:** _____

Bus. Phone : () _____ - _____ **Mobile/Pager #:** () _____ - _____ **e-mail:** _____

Address: _____

City: _____ **SC Zip:** _____

Volunteer Coach: If any parent/guardian would like to help with the program in a coaching capacity, please indicate here and we will contact you. Training and equipment will be provided (if needed).

Please contact _____ about coaching opportunity.

Best number to call: _____



Cainhoy Athletic Soccer Club

160 Grand Park Blvd Charleston SC 29492

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the USYSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the Programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

I give Cainhoy Athletic Soccer Club permission to publish in print or electronic format the likeness or image of my child. I release all claims against the Club with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature of Parent or Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____

Please return this form and check for \$60 (made payable) to: **Cainhoy Athletic Soccer Club**
160 Grand Park Blvd, Charleston SC 29492

Please enter any special team (coach) request or other information you want considered:

Not all requests will be accommodated; however they will be evaluated on an individual basis.

Community Appeal: Our club thanks Cainhoy Elementary/Middle School for their help and support. We encourage our membership to consider donating items to the 'Tiger Buck Store' as you can afford. Assorted items of value to children are collected and distributed based on achievement in several areas.

School contact to learn more or deliver donations: Ms. Glenda J. Ward. Phone: (843) 899-8981