



## Developmental/Competitive Soccer Programs

### Registration Form: *please complete one per player.*

*A youth soccer year in South Carolina follows the academic year (August – May) and is composed of two seasons: fall and spring.*

Competitive regional program competing in the Lower State Youth Soccer Association (LSYSA) and other regional leagues for those wanting to take their skills to the next level. Players will receive fundamental to advanced technical training in this program and will travel throughout the lowcountry or as the competition demands. Experienced/certified coaches with advanced technical training by soccer experts and practitioners.

Club Registration (SCYS fees, insurance, etc.)	\$50	(paid once per year when registering)
Fall season training and operating fee	\$130	(paid May - Aug)
Spring season training and operating fee	\$130	(paid Jan - Feb)

*\* at least one regional tournament per season; approx. \$40 paid at time of competition however some coaches/teams may prefer to collect this at the start of each season.*

*\* Players can join Cainhoy Athletic in either fall or spring season during open registration or at evaluations*

*\* Team uniform must be purchased when registering (\$40). Cainhoy Athletic has a two year rotation (starting in fall of 2011) meaning the color/brand/style will remain the same until the end of spring 2013 season.*

### 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: \_\_\_\_\_

Shirt Size (please circle one)      **Youth**   S      M      L      **Adult**   S      M      L      XL

### 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:** \_\_\_\_\_



# 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 check items required below and total fees before writing your check**

Registration	<input type="checkbox"/>	\$50	
Operating/Training Fee	<input type="checkbox"/>	\$130	(\$260 if paying in advance for the entire year)
Club Jersey	<input type="checkbox"/>	\$40	
		<b>Total</b>	_____

**Family Discount:** If you are registering more than one child with our club, please indicate here and deduct \$10  
 This child claims family discount (is not first child registered for this family).

Please return this form and check (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