



## 2024 SPRING REGISTRATION FORM

**Cracovia Soccer Club, Inc.**

**50 Heights of Hill Street Whitinsville, MA 01588**

**Web Site: [CracoviaSoccerClub.com](http://CracoviaSoccerClub.com)**

**Email: [Cracovia.Soccer@Gmail.com](mailto:Cracovia.Soccer@Gmail.com)**

**Follow us on Facebook at [Facebook.com/Cracovia Soccer Club](https://Facebook.com/Cracovia Soccer Club)**

Last Name:		First Name:			Initial:	Sex:
Mailing Address:		City:		State:	Zip:	
Home Phone:		Date of Birth: Month / Day / Year		Email Address:		
Father's Name:				Occupation:		
Mother's Name:				Occupation:		
List any Medical Problems:						
Person to Notify in an Emergency:				Phone:		
School:				Grade:		
Prior Years Played:		League:		Height:		Weight:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Cracovia Soccer Club, Inc. (CSC) its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CSC accepting the registrant for its soccer program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the CSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the "Program", against any claim by or on behalf of the registrant as a result of the registrant's participation in the "Program" and/or being transported to and from the same, which transportation I hereby authorize.

**(Placement of website agreement for players and parents)**

Name \_\_\_\_\_

Parent/Legal Guardian (Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give 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.

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Bus. \_\_\_\_\_

Insurance Policy Name and Policy Number: \_\_\_\_\_

<b>Uniforms:</b>						<b>Parental Support:</b>													
	YOUTH					ADULT													
	XXS	XS	S	M	L	S	M	L	XL	2XL	3XL								
Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Coach				
Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Assistant Coach				
Please check the correct size for your child.												<input type="checkbox"/> Team Parent				<input type="checkbox"/> Family Picnic			
												<input type="checkbox"/> Field Preparation				<input type="checkbox"/> Fund Raising			
												<input type="checkbox"/> Referee				<input type="checkbox"/> Sponsor \$250.00			
															<input type="checkbox"/> Donor				

### **Fee Information:**

<b>First Player Fee @ \$80.00</b>		
Sibling:	Age:	
<b>2nd Sibling @ \$50.00</b>		
Sibling:	Age:	
<b>Each Additional Sibling @ 40.00 each</b>		
<b>Total</b>		
<b>Check No.:</b>	<b>Date:</b>	<b>Rec. By:</b>

### **Other Information:**

#### **Payment must accompany this registration.**

Returned check fee \$20.00. Late fees after March 7, 2024, \$10.00 for 1<sup>st</sup> player and \$5.00 for each additional sibling.

Unfortunately requests for players to be on the same team or to have a specific coach will not be honored. Special consideration may be given for twins or siblings that fall into the same age group. We apologize for any inconvenience that this may cause.