



Clinton Soccer Association

Adult Soccer Registration Form

Player Information (please print)

Last name: _____ First name: _____

Home email: _____ other: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Male: ___ Female: ___ Age: _____ Birthdate: _____

Highest level of soccer played: _____ How long ? _____

What level do you wish to play at CSA ?

League 1 (experienced and/or under 30) _____ League 2 (novice and/or over 30) _____
players may be moved based on skill level

I would also like to be a CSA volunteer: yes ___ no ___

Volunteers are needed for League Directors, coaches, concessions, field marshalls, board members, etc.

The following must be read and signed:

I, the above registrant, will abide by the rules of Clinton Soccer Association (hereinafter "CSA"), its affiliated organizations and sponsors. Recognizing the possibility for physical injury associated with soccer and in consideration of CSA accepting the Registrant for its soccer programs and activities (hereinafter "Programs"), I release, discharge and/or indemnify CSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the 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 Programs and/or being transported to or from the same. I do further 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 and well-being of the Registrant.

Signature of Registrant: _____ Date: _____

The mission of the Clinton Soccer Association is to enhance the fulfillment and enjoyment of the soccer experience of every participant by emphasizing instruction, fun, Fair Play, responsibility and sportsmanship. Inherent in this is the expectation of behavior to the accepted standards of conduct in the community by its players, parents, coaches and spectators.

Contact info: Ried Quarles 601-540-7695 or rquar39@yahoo.com