



# Corcoran Soccer 2010 Registration

For office use only

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ # \_\_\_\_  
\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please only use this form if you are unable to register online at [www.corcoransoccer.org](http://www.corcoransoccer.org)

Corcoran Soccer is now forming co-ed recreational teams for our mid-summer soccer season. The league offers affordable recreation that emphasizes skill acquisition, conditioning, and most of all — **Fun!**

**WHO:** Teams will be formed in age brackets using the US Youth Soccer Association cutoff dates:

- **5 and 6 year olds (U06)** born August 1, 2003 - July 31, 2005
- **7 and 8 year olds (U08)** born August 1, 2001 - July 31, 2003
- **9 and 10 year olds (U10)** born August 1, 1999 - July 31, 2001
- **11, 12, 13 and 14 year olds (U12/14)** born August 1, 1995 - July 31, 1999 (combined due to number of participants)

**WHERE:** All practices/games are held at the fields approximately 1/2 mile west of downtown Corcoran, just off Highway 50.

**WHEN:** Practice/scrimmage days: 7/15, 7/20, 7/22, 7/27, 7/29, 8/3, 8/5, 8/10, 8/12, 8/17, 8/18, 8/24, and 8/26. Jamboree: Saturday 8/28. All games and practices are 6:30 – 7:45 pm. The Jamboree is 9:00 – 11:30 am, followed by a picnic

**SIGN-UP:** May 10 - June 18, or when teams are filled, whichever comes first.

*Note: We only meet for practices/games on 14 evenings. To be fair to coaches and other players, please only register if you can attend at least 10 of those 14 times.*

**COST:** \$45 per player, (\$85 for 2 children, \$125 family maximum for 3 or more children) covers cost of T-shirt, awards, dues to MYSA, field and goal maintenance, referees, rental fees, and other expenses (does not include credit toward photos). Make checks payable to **Corcoran Soccer** (any registrations accepted after June 15<sup>th</sup> will be assessed a \$10 late fee per participant).

Mail registration form with payment to: **Corcoran Soccer, c/o Renee LaPlume, 6805 Belle Street, Loretto, MN 55357**  
Registration questions? Contact Rachel at (763) 478-3086 (evenings) or via email at [rachel.brolin@corcoransoccer.org](mailto:rachel.brolin@corcoransoccer.org)

## Participant Information (Please Print Clearly)

Last Name	First Name	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (mm/dd/yyyy)
Address		City	State	ZIP Code

### Age Bracket

- U06**—5 and 6 year olds born August 1, 2003 - July 31, 2005
- U08**—7 and 8 year olds born August 1, 2001 - July 31, 2003
- U10**—9 and 10 year olds born August 1, 1999 - July 31, 2001
- U12/14**—11, 12, 13 and 14 year olds born August 1, 1995 - July 31, 1999

Home Phone	E-Mail Address	Previous Traveling League Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Father	Last Name	First Name	Other Phone Number(s)
			Father Work Phone:
Mother			Father Cell Phone:
			Mother Work Phone:
Shirt Size			Mother Cell Phone:

6-8 Youth Small    10-12 Youth Medium    14-16 Youth Large    Adult Small    Adult Medium    Adult Large

Would you like your child's first name printed on the back of their T-shirt (no extra charge)?

Yes \_\_\_\_\_ If name on shirt differs from First Name above, please specify here—for example,  No  
Matt instead of Matthew (limit of 12 characters including spaces).

## Payment and Refund Policy

**Payment is due upon registration.** Once registered, players requesting to drop prior to July 15, 2010 will receive a refund for fees paid at registration time less \$10. Players requesting to drop after July 15, 2010 will receive no refund. If an insufficient number of participants register for a particular age group, a complete refund will be made to that age group. If too many participants register for a particular age group, registrations will be prioritized on a first-come, first-served basis. Complete refunds will be made to the overflow participants.

**Note: Parents who volunteer to coach will receive a \$45 discount off their family's registration fee.**



IMPORTANT: Please send the completed form to the club you are registering with, not MYSA. Only players participating in the US Youth Soccer Minnesota State Cup or an out-of-state tournament need to have this form notarized, unless required by your club.

LIABILITY/MEDICAL RELEASE

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Allergies: \_\_\_\_\_
Other Medical Conditions: \_\_\_\_\_
Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_
Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_
Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, when parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, 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 or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): \_\_\_\_\_
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, I 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 the player.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signed or acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_