

CISA Boys Registration Form 2018-19 Winter/Spring Season
Birth Years 2000 through 2005

PLAYER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Player Cell Phone: (_____) _____ Birth date: _____

School: _____ Current Grade in School: _____

Player Sizes – Shirt: _____ Shorts: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent Name / Number: _____

Parent Email: _____

Parent (2) Name / Number: _____

Parent (2) Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

REGISTRATION OPTIONS: (Please Check)

**Spring Season = 2 trainings per week March – May, exhibition games, and 4 tournaments trainings in West Peoria (Guardian Angel field) on Tues/Thurs*

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Spring Season – payment due by March 15 th | \$500 |
| <input type="checkbox"/> | Spring Season with “bring a new participant” discount – pay by March 15 th | \$450 |
| <input type="checkbox"/> | Seniors in High School – discounted price | \$300 |
| <input type="checkbox"/> | Spring Season – Only Training/Exhibitions (guest play tourney for extra fee) | \$250 |

MEDICAL RELEASE FORM (Please fill out completely):

It is the responsibility of the participant’s parents or legal guardians to ensure that the participant is healthy and has no physical problems which would prevent the participant’s partaking in soccer activities. Responsibility for primary medical insurance coverage rests with the participant or their parents or legal guardians.

Policy Holder’s Name: _____

Insurance Company: _____ Policy Number: _____

Special Medical Needs: _____

This certifies that _____ has had a physical examination by a licensed physician in the past year and is free from any illnesses or injuries that would prevent my son from participating in any activities at the Central Illinois Soccer Academy.

Signed: _____ Date: _____