

**CISA 2019-20 Winter/Spring Season**  
**HIGH SCHOOL BOYS - Birth Years 2001 through 2006**

**PLAYER INFORMATION:**

Name(s): \_\_\_\_\_

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)**

*\*Full Season includes Winter (indoor match play) and Spring Season (outdoor training and tournaments) – info on next page*

- \*Full Season (Winter and Spring Seasons) \$650  
2 payments available – check/cash payment of \$325 due on 12/10/19 & 3/1/20
- Spring Season Only (training, 4 tournaments, 1 weekend jamboree) \$500
- Winter Only (10 matchday sessions) – payment due by December 10<sup>th</sup> \$200
- Seniors in High School = discounted price for full season / spring \$550 full / \$400 spring only
- Groups of 13 or more can be signed up to play together as a team at tournaments \*info on next page

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