

Registration Form (Recreation Program)

Name: _____

Phone: _____

Address: _____

E-Mail: _____

DOB: _____

Desired Age Group: U6 U8

Player Status: New _____ Returning _____ Previous Team _____

Other Family Members Playing on CSC Teams (Name/Team): _____

Does either parent coach or submitted an application to coach? Yes _____ No _____

Teams are normally formed on the basis of a blind draft. However, if there are other children (e.g. siblings, school classmates, neighbors, etc.) that you desire your child to play with, list the name(s) in the space below:

Uniform Size Data:

Jersey Size: _____ Short Size: _____ Sock Size: _____

Desired Jersey Number (Primary and Two Alternates): _____

CSC Use:

Registration Fee Paid: _____

Note: All applications must be accompanied by a signed Medical Release Form