

(Please Print Legible Below)

PRINT PLAYERS NAME AS SHOWN ON CYC CARD FIRST MI. LAST	ADDRESS	ZIP	PHONE #	BIRTHDATE MO/DAY/YR	IF CATHOLIC, PARISH OF REGISTRATION	CATHOLIC PARISH WHOSE BOUNDARIES YOU LIVE IN	SCHOOL ATTENDING

Queen of All Saints Registration Form (CYC Soccer 1st thru 8th Grade)

Please CIRCLE! Player: **(Boy)** or **(Girl)** Concession Stand Date: ___/___/___ Email Address: _____

1. Please circle this child's grade for the 2008 – 2009 school year:: (1st) (2nd) (3rd) (4th) (5th) (6th) (7th) (8th)
2. Father's name: _____ Mother's name: _____
3. Is this child playing in another Soccer league during this fall season? Please circle: (Yes) or (No) Name of league: _____
If Yes, CYC classifies this player as an "Open Player", if No a "Closed Player". If your child is a closed player, will you/they accept playing on an open team? Please circle: (Yes) or (No) If you do not understand the open/closed classifications, please consult your soccer lay directors during registration.
4. What was your team managers name last year at Q.A.S. ? _____
5. Is this child registered for PSR at QAS? Please circle: (Yes) or (No)
6. Are you or your spouse willing to be the head coach of a team? Please circle: (Yes) or (No) Willing to be an assistant coach? (Yes) or (No)

Comments: _____

- For the safety of our children, managers and coaches are required to pass background checks and attend "Protecting Gods Children". Managers must also attend Coaches Concepts, "Coaching to Make a Difference" class. See your soccer lay director for more information.
- No refunds will be given if QAS is able to place this registrant on a team even if it is not the team requested.
- Q.A.S. is not responsible for and does not maintain insurance to cover injuries incurred while participating in activities associated with QAS athletics. It is assumed that the participant's family maintains their own medical insurance to cover expenses due to injuries.

Parent or Guardian's Signature: _____

FEES: Three separate checks are required. Make checks payable to **QAS**. A service charge of \$20 is assessed for all returned checks.

Please circle Registration Fee: 1 child: \$75.00 2 children: \$125.00 3 or more children \$150.00
Late Registration Fee after May 31st: 1 child: \$100.00 2 children: \$150.00 3 or more children \$175.00

Uniform Deposit – **Please post date check for Nov. 15, 2008:** \$50.00 per child Check # _____

Concession Stand Deposit – **Please post date check for Nov. 15, 2008:** \$150.00 per family Check # _____

Registration Fee Amount: \$ _____ Check # _____

If paid on another child's registration form, please indicate their name and grade: _____

.....Please fill out the information below again for the team manager and for uniform size! Thanks.....

Player: _____ Emergency Contact: _____ Phone #: _____ Email: _____

Uniforms sizes: (Circle below – note that our uniforms run a little small!)

Shirts: Youth S(6-8) Youth M(10-12) Youth L(14-16) Youth XL(16-18) Adult S(34-36) Adult M(38-40) Adult L(40-42) Adult XL(44-46)

Shorts: Youth S(6-8) Youth M(10-12) Youth L(14-16) Youth XL(16-18) Adult S(34-36) Adult M(38-40) Adult L(40-42) Adult XL(44-46)