

FALL 2009 SPRING 2010 CAPITAL SOCCER ASSOCIATION – A Nebraska Nonprofit Corporation

1701 "K" Street, Lincoln, NE. 68508 • Phone 464-KICK (5425) • [www.capitalsoccer.com](http://www.capitalsoccer.com)

STATEMENT TO PARENT OR GUARDIAN (Nebraska Legislative Bill LB-123)

Coaches, managers, umpires, referees, their assistants or anyone who prepares any playing field shall NOT be liable for the injury or death of any participant in an activity conducted by Capital Soccer Association which results from the negligence of any of the above listed individuals. In addition, I give Capital Soccer Association my consent to take and use photographs of my child/ren during Capital Soccer Association activities.

\_\_\_\_\_ male female  
Mother's 4 digit month and date of birth Date of Birth (00/00/0000)  
Required by the State . This replaces last  
4 digits of Social Security Number previously  
used by the State.

Player Information-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School Attending \_\_\_\_\_

All new players to Capital Soccer must include a photocopy of their birth certificate

Parent Information-

Fathers Name: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
Fathers Email: \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
Mothers Email: \_\_\_\_\_

Using the age chart below, please select the age division your child will participate in:

Ages	U11	born between 08/01/1998 – 07/31/1999	U12	born between 08/01/1997 – 07/31/1998
	U13	born between 08/01/1996 – 07/31/1997	u14	born between 08/01/1995 – 07/31/1996

\_\_\_\_\_ \$5 donation to the Scholarship program (Every year we have children who cannot afford to pay the registration fee so we give them a Scholarship enabling them to stay on the field playing soccer. Please add \$5.00 to your registration to help us pay for this program)

\_\_\_\_\_ \$300.00 Regular Registration Fee for Fall 2009 and Spring 2010. Your spot on the team is not guaranteed until payment has been paid in full.

\_\_\_\_\_ \$325.00 Late Registration if paid after June 29th, 2009

\_\_\_\_\_ Family Discount: If you have two or more children in the Select Program you can deduct \$25.00 for each registration after the first registration.

\_\_\_\_\_ TOTAL -- Make check payable to: Capital Soccer Association

I understand that additional payments totaling \$500.00 for U11 – U14 for coaching and field fees will be due in monthly payments of \$50.00 each beginning 08/01/2009. I also understand there will be a late fee of \$5.00 for all payments not received by the 5<sup>th</sup> of each month and that non-payment of coaching and field fees could result in my child not being allowed to play in the games until payments are caught up. By signing this I also understand that this is a financial agreement and that we are agreeing to play for this team for one year and if we cannot fulfill the playing agreement we are still bound to the financial commitment. By signing this document I agree to the above terms set forth by CSA and are bound to the team for the entire soccer year (fall and spring).

\_\_\_\_\_ Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_