

FALL 2009 CAPITAL SOCCER ASSOCIATION – A Nebraska Nonprofit Corporation

1701 "K" Street, Lincoln, NE. 68508 • Phone 464-KICK (5425) • 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	U15	born between 08/01/1994 – 07/31/1995	U16	born between 08/01/1993 – 07/31/1994
	U17	born between 08/01/1992 – 07/31/1993	u18	born between 08/01/1991 – 07/31/1992

_____ \$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)

_____ \$150.00 Regular Registration Fee **for Fall 2009. Your spot on the team is not guaranteed until payment has been paid in full.**

_____ \$175.00 Late Registration if paid after July 7th, 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 \$250.00 for U15 – U18 for coaching and field fees will be due in monthly payments of \$50.00 each beginning 07/01/2009. I also understand there will be a late fee of \$5.00 for all payments not received by the 5th 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 until the end of the fall season 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 _____