

FALL 2010 SPRING 2011 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 month & day of birth (required) Players Date of Birth

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 08/01/99 – 07/31/00 U12 born between 08/01/98 – 07/31/99
U13 born between 08/01/97 -07/31/98 U14 born between 08/01/96 -07/31/97

_____ \$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 or any other amount)

_____ \$340.00 Regular Registration Fee for Fall 2010 and Spring 2011. Your spot on the team is not guaranteed until payment has been paid in full.

_____ \$25.00 Late Registration if paid after June 29th, 2010 for U11-U13, and after July 12th, 2010 for U14

_____ 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 an additional \$500 in payments for U11 – U14 for coaching and field fees will be due in monthly payments of \$50.00 each beginning 08/01/2010. There are no statements sent out for these payments it is the responsibility of the family to acknowledge and know the payments are due on the 1st. I also understand there will be a late fee of \$15.00 for all payments not received by the 10th 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