Columbia Soccer Academy Spring 2008 Application

The **Columbia Soccer Academy** is designed to provide higher-level soccer training for young girls and boys without the stress or travel of a competitive league. Training format will include 30-40 minutes of age-specific skills followed by 30 minute games based on the skills learned. Players will be trained by local college and upper level club coaches, under the direction of Kevin Roderique, Director of Coaching for Columbia Soccer Club, Competitive Division.

The **Academy** will train Monday nights at Pride Park in Columbia.
(03/31, 04/07, 04/14, 04/21, 04/28, 05/05, 05/12, 05/19) U6, U7, U8 ~ 6:00-7:30

$75 (if player is already registered to Columbia Soccer Club Recreational program)
$110 (if player is not registered to Columbia Soccer Club)

Players will receive an Academy shirt. Boys should wear blue shorts/white socks with blue stripes; girls should wear red shorts/white socks with red stripes. Recommended Academy short/sock kits are available for purchase from Columbia Soccer Club for $15.

Player Last name First name Initial

Address City State Zip Code

Phone number Birth date

School attending '07/'08 Grade in school '07/'08

Fathers Name Daytime phone Email address

Mothers Name Daytime phone Email address

Person to notify in case of emergency Telephone

Doctor to notify in case of emergency Telephone

Sex [ ] Male [ ] Female Shirt Size [ ] YS [ ] YM [ ] YL

Is player registered with the Columbia Soccer Club Rec Program for 07/08 season? [ ] Yes [ ] No
Is player registered with any other soccer team outside of the Columbia Soccer Club? [ ]Yes [ ] No

List any medical problems player may have

Release and Consent for Medical Treatment (minor)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Columbia Soccer Club, the USYSA and its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Columbia Soccer Club and USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Columbia Soccer Club, the USYSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Players Name Signature of Parent/Legal Guardian Date

Make checks payable to **Columbia Soccer Club** and mail check, application and photocopy of birth certificate (for non-CSC players) to: **CSC Academy, PO Box 7506, Columbia MO 65205**