



Burlington Catamounts

Registration Form Spring 2012

Player's Name: _____ Birth Date: _____

<u>Age Group</u>		<u>Born Between</u>
	U8 Coed _____	7/31/03-8/1/05
U10 Boys _____	U10 Girls _____	7/31/01-8/1/03
U12 Boys _____	U12 Girls _____	7/31/99-8/1/01
U14 Boys _____	U14 Girls _____	7/31/97-8/1/99
	U16 Girls _____	7/31/95-8/1/97

Players Home Address		Alternate Address	
Street		Street	
City	State	City	State
Phone:		Phone:	

Mobile/Cell Phone Numbers		
Parent/Guardian 1 Name:	Number:	Provider:
Parent/Guardian 2 Name:	Number:	Provider:
Player	Number:	Provider:

Note; Provider is Verizon, AT&T, Sprint – etc – this info will allow text messages to be sent

E-mails

Parent/Guardian 1:	@
Parent/Guardian 2:	@
Player:	@

School: _____ Grade: _____

Visit www.burlingtoncatamounts.com for more information

FEES: Once Teams and age groups are organized fees and/or deposits will be invoiced.

U8 \$85	U10 \$110	U12 Premier TBD (Boys only) Club \$135 (Boys and Girls)	U14 Premier TBD (Boys only) Club \$165 (Boys and Girls)	U16 (Girls Only) TBD
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Scholarships are always available

Please contact Jack Myers 238-0359 or jack.myers@Burlingtoncatamounts.com with questions.

Medical Release Form

Players Name: _____ U.S. Citizen Yes _____ No _____

Address: _____

Birthdate: _____ Sex: M F

Parent's Phone Home: _____ Work: _____

Email Address: _____

Emergency phone number other than Parent/Guardian

Name: _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other pertinent medical information:

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USSF and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USSF, it's 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's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/or Burlington Catamounts Soccer Cub permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____