

COUNCIL ROCK UNITED SOCCER ASSOCIATION, INC.

PO Box 839 ♦ Richboro, PA 18954 ♦ (p) 267-988-4053 ♦ www.crusa.net

FALL 2010 INTRAMURALS

Season starts September 11, 2010 & ends November 6, 2010

Registration Fee: \$110 per player \$300 maximum per family

(late fee: \$15 per player after 7/31/10)

Please note that all registrations can be completed online at

www.crusa.net

(Credit cards are accepted.)

Date: _____

Check #: _____

Cash: _____

Total: _____

Check One:

- New CRUSA Registrant (Birth certificate required for first time registrations)
 Returning Registrant (previously have played for CRUSA)

AGES:

Open to all Boys & Girls Ages U4 through U19
(Born between August 1, 1990 and July 31, 2006)

Player Information:

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone #: (____) _____ - _____

Email: _____

Birthdate: ____/____/____ Gender: M F

School Child Attends: _____ Grade: _____

Parent/Guardian Name(s) (PRINT): _____

Mother's Maiden Name: _____

Medical Concerns: _____

T-Shirt Size (Please Circle ONE):

Youth Sizes – **Medium Large**

Adult Sizes – **S M L XL XXL**

Sock Size: **Youth Adult**

Special Requests or Comments

MEDICAL INSURANCE:

CRUSA requires that you disclose a primary medical insurance carrier. Failure to comply will disqualify applicant from participating in CRUSA programs.

Insurance Company: _____

Policy #: _____

Volunteer Information

Name of Person Volunteering: _____

Coach

Assistant Coach

CRUSA Volunteer Board Member

Field Preparation

Coaching License & Experience:

Team Uniform Sponsors

\$225.00/Team

Contact name/address/phone # of sponsor.

Sponsor Info on Uniform Jersey (2 Lines Maximum):

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify and hold harmless USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners and lessees 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. I am familiar with the sport of soccer, the relative skill and level of expertise of the facilitators of the Programs and the Programs that registrant is participating in and the risks associated with the same. I have made myself familiar with the fields and facilities utilized by the Programs. I recognize that the sport of soccer is played in varying weather conditions and that weather conditions are subject to change while Programs are underway. Further, I grant that we, the undersigned, agree for ourselves, our heirs, executors and administrators, waive, release and forever discharge Council Rock United Soccer Association and the their staff, officers, agents, representatives, employees, successors, and assigns including the owners of the fields and facilities utilized for the programs from any and all rights and claims for damages to person and property activities, or while partaking in any and all activity at any site including being transported to or from same, which transportation I authorized.

PARENT/GUARDIAN OR ADULT SIGNATURE: _____ DATE: _____