



Columbus Soccer Organization
413 4th Ave. S.
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Columbus, MS 39701

CONTACT US
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columbusmssoccer.org

CSO Rec Soccer Registration Form

EARLY BIRD RATES

2016-2018 (\$25.00)

2014-2015 (\$35.00)

2013 and UP (\$50.00)

FEES WILL INCREASE AUG. 7th

PLAYER INFORMATION

DATE:

PLAYER NAME

DATE OF BIRTH

GENDER ☐ Male ☐ Female

SHIRT SIZE: YS YM YL AS AM AL AXL SHORT SIZE: YS YM YL AS AM AL AXL SOCK SIZE: S M L

GUARDIAN 1 NAME

Email

GUARDIAN 2 NAME

Email

BIRTH CERTIFICATE NUMBER

EMERGENCY CONTACT

PHONE #

PLEASE LIST ANY MENTAL OR HEALTH CONDITIONS WE SHOULD KNOW ABOUT YOUR PLAYER

Special Requests:

CONTACT INFORMATION

ADDRESS

CITY

STATE

ZIP CODE

PHONE #

CELL #

E - MAIL

I, the parent or guardian of the above named player hereby give my approval for participation in CSO recreational soccer. I assume all risks and hazards to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless CSO and its board of directors, sponsors, supervisors, other participants, and organizers, for any claim arising out of an injury to my participant in recreational soccer. Insurance coverage is the sole responsibility of participant parent or guardian. My participant has my permission to receive emergency medical treatment. My participant also has my permission to be photographed or filmed during CSO activities for promotional purposes for the organization. **Any special requests must be made in writing at the time of registration. Additional information and requests may only be made on the registration form. CSO will not field calls or e-mails with special requests after registration is complete. Please note: absolutely no player will be moved after rosters have been completed.**

1. Refunds can only be provided for the registration fee. Therefore, the maximum amount of the request can not exceed the registration for a particular playing year. All requests must be in writing. 2. There are no refunds of fees of online processing fees or other expenses. 3. Refunds will not be given if the request comes after the roster for the team has been set and finalized in either.

☐ I acknowledge that I am aware of other CSO policies can be found at columbusmssoccer.org

I WOULD LIKE TO: ☐ HEAD COACH ☐ ASST. COACH ☐ SPONSOR THE LEAGUE

SIGNATURE:



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name:

City:

State:

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature

Date

Parent/Guardian Signature

Date

PLAYER'S MEDICAL INFORMATION

Player's Name:

Birth Date:

Gender: ☐ Female ☐ Male

Street Address:

City:

State:

Zip :

Email Address:

Parent Name:

Home Phone: ()

Bus Phone: ()

Email Address:

Cell Phone: ()

Receive texts? ☐ Yes ☐ No

Parent Name:

Home Phone: ()

Bus Phone: ()

Email Address:

Cell Phone: ()

Receive texts? ☐ Yes ☐ No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:

Phone 1: ()

Phone 2: ()

Name:

Phone 1: ()

Phone 2: ()

Please list player allergies:

Please list other medical conditions:

Physician:

Phone 1: ()

Phone 2: ()

Medical/Hospital Insurance Company:

Phone: ()

Policy Holder's Name:

Policy Number:

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian