



Reg. # \_\_\_\_\_

**2009 "ALL STAR SELECT" Player Registration Form**

PLEASE COMPLETE BOTH PAGES

**Program Type:** ALL STAR SELECT

**Amount : \$60** (INCLUDES JERSEY, SHORTS, SOCKS, TOURNAMENT FEES, REFEREE FEES)

**Name:** (first) \_\_\_\_\_ (last) \_\_\_\_\_

**Gender:** (circle one)      Male      Female      **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address: Street** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian:**(1) \_\_\_\_\_ (2) \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_ (used for security/identification purposes)

**Medical Conditions & Medications:** \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO : **CHILI SOCCER ASSOCIATION**  
1565 DAVIS ROAD  
CHURCHVILLE NY, 14428

ANY QUESTIONS PLEASE FEEL FREE TO CONTACT DAVE VELTRE AT 585-781-4471 OR EMAIL AT  
[VELTREDAVID@AOL.COM](mailto:VELTREDAVID@AOL.COM)

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**Parental Consent and Agreement to Code of Conduct**

*I give permission for my child, named above, to participate in the Chili Soccer Association's soccer program. To the best of my knowledge, my child, named above, is medically and physically fit to participate in the program. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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. I have read the Code of Conduct of the Chili Soccer Association and agree to the conditions set forth in order to participate in good standing.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Player Agreement to Code of Conduct**

*I have read the CSA Code of Conduct and agree to the conditions set forth in order to participate in good standing.*

**Player's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature required regardless of age*

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