



**AVON SOCCER CLUB**  
**Spring 2013 Soccer**  
[www.avonsoccerclub.org](http://www.avonsoccerclub.org)

**Spring 2013 Clinic and Intramural Registration**

- Saturday, February 9, 9:00 am–11:30 am
- Tuesday, February 12, 5:00 pm–7:30 pm  
in the Avon Middle School Cafeteria

**At Registration:**

- New players must present a copy of a birth certificate or passport.
- To save time, bring your completed registration form (found on page 2 of this PDF file and in the "Documents" section of the website).

**Registration Fee:** \$70/player, with a Family Max of \$180

- Payable by cash or check.
- Please register on time so that we can plan properly for the season.
- A late fee of \$25 per player will apply after the February 12 registration date.
- To register early, contact [avonsoccerclub@comcast.net](mailto:avonsoccerclub@comcast.net).

**Clinic:** For Avon residents born in 2007. Learn the game of soccer in a fun environment with professional soccer coaches from the Oakwood Soccer Club. Clinic meets on Saturday mornings. Teams are co-ed.

**Intramural:** For Avon residents born in 2006 through grade 8. Develop skills, learn teamwork, and enjoy a fun level of competitive play. Practice is one night per week; games are played on Saturday, with an occasional Sunday game.

**Coaching:** The Avon Soccer Club needs **YOU** to volunteer to coach.

- Experience is not necessary, but your time and enthusiasm are. In return, you will receive a priceless bond with your child and his or her teammates. More coaches will help keep team rosters smaller, allowing for maximum time on the field for our young players. The Avon Soccer Club is run entirely by volunteers, so without volunteer coaches like you, there is no program.
- Send the Coaching Application (found on page 3 of this PDF file and in the "Documents" section of the website) and coaching questions to [JMuirheadIII@gmail.com](mailto:JMuirheadIII@gmail.com).

Questions? Interested in volunteering for registration?  
Send an email to [avonsoccerclub@comcast.net](mailto:avonsoccerclub@comcast.net).



**Avon Soccer Club**  
www.avonsoccerclub.org  
avonsoccerclub@comcast.net

Player or League ID \_\_\_\_\_

## Registration Form

**Please note:**

- Once players have been assigned to a team, they will not be transferred to another team.
- Avon Soccer will do its best to place your child on a team that practices on a day that he/she is available. As our practice days depend on the availability of volunteer coaches, we cannot guarantee a requested practice day.

### Complete Form and Print Clearly

**Player Information (one player per form)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_ Gender (circle): **M** **F**

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Player medical problems or prohibitions: \_\_\_\_\_

**For intramural players, circle one day unavailable to practice.**

MON

TUE

WED

THUR

FRI

**\*No exceptions will be made afterwards\***

**Parent/Guardian Information**

**Father:**

First & Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mother:**

First & Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**We ask for active participation of all parents in our program. Indicate area(s) in which each parent would be willing to help.**

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Fall Tournament \_\_\_\_\_ Registration \_\_\_\_\_ Team Parent \_\_\_\_\_

**Emergency Contacts**

In the event that the parents/guardians are unavailable, please indicate whom you would like contacted.

Person to Notify: \_\_\_\_\_

Telephone: \_\_\_\_\_

Doctor to Notify: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Official Use Only**

Birthdate Verified: ☐ Initial: \_\_\_\_\_

Individual Fee: \_\_\_\_\_

Family Fee: \_\_\_\_\_

**Total:** \_\_\_\_\_

Cash: ☐

Check #: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

**Signature (Required):** \_\_\_\_\_

### IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYS, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, 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.

**Name of Parent/Legal Guardian (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# AVON SOCCER CLUB

## Spring 2013 Coaching Application

[www.avonsoccerclub.org](http://www.avonsoccerclub.org)

Name: \_\_\_\_\_

Date of Birth (required by CJSA): \_\_\_\_\_

Driver's License # (required by CJSA Kids' Safe Screening) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address (legible print please): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Shirt Size (Circle one) AS, AM, AL, AXL, AXXL Other \_\_\_\_\_

I would like to be a (circle one) COACH Assistant Coach

**CHECK AGE GROUP:**

\_\_\_\_ Girls U8      \_\_\_\_ Girls U10      \_\_\_\_ Girls U12      \_\_\_\_ Girls U14

\_\_\_\_ Boys U8      \_\_\_\_ Boys U10      \_\_\_\_ Boys U12      \_\_\_\_ Boys U14

\_\_\_\_ Clinic

Have you coached before? \_\_\_\_ Yes      \_\_\_\_ No

Son/Daughter's name: \_\_\_\_\_

Prefer to coach with (please list one name only): \_\_\_\_\_

Please detail prior coaching experience: \_\_\_\_\_

Please check if applicable:

\_\_\_\_ F License \_\_\_\_ D License \_\_\_\_ A License      \_\_\_\_ E License \_\_\_\_ Youth Module

**Please rank your top two preferences for practice day:**

**Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_**

**Signature of**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please bring forms to registration: February 9<sup>th</sup> 9:00-11:30 am - Avon Middle School  
February 12<sup>th</sup> 5:00- 7:30 pm - Avon Middle School*

*Once notified of your selection by ASC, you will be required to do the CJSA background check on-line at [www.cjsa.org](http://www.cjsa.org) which is good for 2 years.*