

## **CSA Spring 2014 Micro Registration Form**

First Session: 08/28 or 8/31/2014; Registration Deadline: 08/01/2014 **New this Fall!** Choose either Thursday night or Sunday afternoon sessions!

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registration.

rst Name: Last Name:		Home Phone:				
ress: City:		Zip:	Gender: Male Fem	ale		
Mothers Birthday (Month & Day) <b>Required for</b> i	insurance		eate of Birth (month/day/year):			
School Attending (or future school):		Team/Coach/Frien	d Request (honored as possible):			
Please tell us how you discovered CSA: Intere	net, Newspaper, Friend,	Other, or "We've	always been a part of CSA"			
Nother's Name: Conta		ie:	Email:	Email:		
Father's Name:	Contact Phor	ie:	Email:			
Does one parent have a different address than	the child? If so, please in	ndicate:				
·	ant Coach Parent Volur	willo would	like to help?			
gistration and Uniform Fees:						
Micro U5 – Born between 8/1/2009 and 7/3	31/2010 \$75.00	Micro U6 -	- Born between 8/1/2008 and 7/31/2009	\$75.00		
Thursday evening training sessions 6:00-7:0	00 PM	Sunday aft	ernoon training sessions 4:00-5:00 PM			
	will be on Thursday 08/28 wire of what program you s	or Sunday 08/31/20 hould be in? Contact	occer ban with their hame on it, water, sim	rguarus, terriris or soccer		
<u>Uniforms</u> – This year Soccer Internationale will ag August. All new players will need a new uniform Shirt Size: YS Y	which is the Yellow Adidas pur	/MLS CREW Kit. If yo chase a new one.	• •			
atement to Parent or Guardian:	Ple	ease Enclose:				
(Nebraska Legislative Bill LB-123) Anyone who preshall NOT be liable for the injury or death of any producted by Capital Soccer Association which rest of any of the above listed individuals. In addition Association my consent to take and use photograph	For every friend you refer to CSA (has not played in the past year) you receive a \$25.00 discount for each referral!!!  Registration Fee (\$75.00):  Please add a soccer ball for \$13.00:  \$15.00 Late Fee (Postmarked after 08/01/2014):  Tax-Deductible Donation CSA is a 501(c)(3) nonprofit organization:					
Capital Soccer Association activities.  Parent or Guardian Signature:		rax-Deductible I		ganization: I Enclosed:		
Date:	_			Check #:		
All new players must provide a copy of their b	Credit Card Number: Expiration:					

There will be a \$3.00 processing fee for credit cards