



NORTH SYCAMORE CIVIC ASSOCIATION
Sport Registration – SPRING 2010

Child's Name: _____ **Boy / Girl** _____ **Date of Birth** _____ **Age** _____
First Last Circle One

Address: _____ **School District:** _____
Street City Zip

Parents/Guardians:

Name _____ Home # _____ Cell # _____ Email _____
 Name _____ Home # _____ Cell # _____ Email _____

<u>SPORT:</u>	<input checked="" type="checkbox"/>	<u>AGE Requirement</u>	<u>Fees</u>	_____
Instructional Soccer	_____	Must have turned 4 by July 31, 2009	\$25.00	_____
Soccer	_____	Must have turned 6 by July 31, 2009	\$50.00	_____
T-Ball	_____	Must have turned 5 by July 31, 2009	\$30.00	_____
Baseball	_____	Must have turned 7 by July 31, 2009	\$55.00	_____
<u>Annual Membership:</u>		\$20 once a calendar year/family	\$20.00	_____
			TOTAL	_____

Required for all January Registrations!!
Checks Payable to: NSCA

UNIFORM:

		<u>Youth</u>		<u>Adult</u>				
Circle Size:	Jersey Size:	M	L	S	M	L	XL	ALL SPORTS
	Short Size:	M	L	S	M	L	XL	SOCCER ONLY
	Socks:	Youth		Adult				SOCCER ONLY

Our sports programs are run strictly by volunteers and work only because of the support and effort we receive from everyone. Parents/guardians who are not coaches, assistant coaches will be assigned a volunteer activity related to concessions, field prep, gym set-up, or gym clean-up as needed.

VOLUNTEER: **NAME:** _____ **NAME:** _____
 Head Coach _____ Soccer Ref _____
 Assistant Coach _____ Field Prep _____
No experience necessary. Licensing or coaches clinics may be offered, please check here if interested _____.

SPONSORS:
 Instructional Soccer and T-Ball teams can be sponsored by local businesses. Cost to sponsor a team is \$75.00. If you would like more information on sponsoring one of our teams please fill out the information below:

Business: _____ Contact Name: _____ Phone Number: _____

AGREEMENT and RELEASE OF LIABILITY:

I recognize that participation in sports activities carries an amount of risk including various levels of injury. I release NSCA, its Board members and coaches from any and all liability, claims, losses, costs and expenses or whatever kind or nature that my child may incur due to participation on an NSCA team. My child currently has no physical or mental condition that would impair his/her capability for full participation except as noted here: _____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE: Date Received _____ Cash _____ Check _____ Check Number _____ Amt _____
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