

Centex Soccer Association



Registration Information



www.centexsoccer.com

Registration: December 13, 2017 – January 20, 2018

Season Dates: February 24, 2018 – April 28, 2018

Registration Fees : \$45.00 for the 1st child; \$40.00 for the 2nd; \$35.00 for each addn'l child.
Money Order or check, NO CASH (All children must be 3 prior to July 31, 2017)

All registrations received after January 20, 2018 will require a late fee of \$15.00 per child no exceptions.

AFTER January 25, 2018 NO LATE REGISTRATIONS WILL BE ACCEPTED.

Player

Last Name: _____

First: _____ Middle: _____

Gender: MALE FEMALE Date of Birth: ____/____/____

Address: _____ APT #: _____

City: _____ State: Texas Zip: _____

Father

Last Name: _____ First: _____ Phone: _____

Mother

Last Name: _____ First: _____ Phone: _____

Person to Notify in Emergency: _____

Phone Number: _____

Doctor to Notify: _____

Phone Number: _____

List any Medical Problems: _____

Has your child ever played as a "GUEST PLAYER" for another team? YES NO

If yes, please provide team name, age level, and date: _____

PARENTAL SUPPORT

We rely on active participation of all parents in our program. Check area(s) in which you would be willing to help.

COACH TEAM PARENT ASST. COACH BOARD MEMBER How? _____

I agree to the following:

All Refunds must be approved before the Centex Soccer Association Board.

FULL REFUND: Player is not placed on a team due to lack of available roster openings.

Player develops medical reasons that prevent him/her from participation prior to the first game of the season.

NO REFUND: Once a player is placed on a team and subsequently withdraws for a reason not listed above, registration fees are non-refundable.

*By signing below, parent acknowledges that placement is based on blind draft. **There will be no requests.** By completing this form and paying the entry fee, you are agreeing that your child will play for the team which he/she is placed on **OR FORFEIT YOUR REGISTRATION FEE.***

I, the undersigned (Parent/Guardian, if participant is a minor), agree that I and the participant are subject to the Constitution, By-Laws, Rules, Policies, and Regulations of the Cen-Tex Soccer Association (CTSA) and its affiliated parent organization and sponsors and agree to abide by the same. I realize that this is a non-profit, voluntary soccer program for the benefit of the boys and girls in this community. Recognizing the possibility for physical injury associated with the participation in soccer and in consideration of the participant being accepted into the program and activities. I hereby agree to protect, defend, indemnify and release all persons or entities including but not limited to, the City of Brownwood, CTSA, the officers and employees from and against all claims, demands and causes of action of every kind and character, without regard to the cause thereof, or the negligence of any party or parties, including the sole negligence of the City of Brownwood, it's officers and employees, whether such negligence be joint or concurrent, for injury to or death of my child or damage to my property, arising out of or in connection with soccer activities, including transportation to and from the game. **I give consent to emergency medical care and prescribed by a duty licensed physician.**

Printed Name

Date

Signature

For REGISTRATION questions please contact Jessica Alvarado @ 830-719-6660 (texting is fine)

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Check One:

NEW to Centex Soccer Association. **A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS REQUIRED AT THE TIME OF REGISTRATION FOR ALL PLAYERS REGISTERING FOR THE FIRST TIME WITH CENTEX!**

I would like my child to be placed on the **SAME TEAM** as the Fall 2017 Season.

Team Name: _____ Age Division: _____

I would like for my child to be **PLACED ON A DIFFERENT TEAM** than last season (Fall 2017). I understand my child will be placed in his/her age appropriate **PLAYERS' POOL (Draft)** and assigned to a new team. **Previous Team:** _____

My child **DID NOT PLAY** in the **FALL** of 2017, I understand my child will be placed in his/her age appropriate **PLAYERS' POOL (Draft)** and assigned to a team.

****NOTE: CTSA bylaws prevent players from requesting to be on a specific team****

Player up forms are available upon request, otherwise your child will be placed in age appropriate division.

Scholarship applications will be available Saturday, January 20th, from 10:00 AM – 12:00 PM @ Complex
**Limited Scholarships Offered* bring proof of income and any government assistance*

NOTE: The registration fee covers CTSA registration and North Texas Soccer Association registration for each player.
Equipment, uniforms, and concessions ARE NOT covered by this fee.

The Draft will be held February 3, 2018 (*coaches only*).

Forms can be turned in at Weakly Watson Sporting Goods, Texas Bank (400 Fisk Ave), Hibbits,
 or by MAIL to: Cen-Tex Soccer Association
 P.O. Box 971
 Brownwood, TX 76804

Fall 2017 – Spring 2018 Soccer Year

U15	2003 Birth Year
U14	2004 Birth Year
U13	2005 Birth Year
U12	2006 Birth Year
U11	2007 Birth Year
U10	2008 Birth Year
U9	2009 Birth Year
U8	2010 Birth Year
U7	2011 Birth Year
U6	2012 Birth Year
U5	2013 Birth Year
U4	2014 Birth Year*****

**Please note, per North Texas Soccer rule 4.1.2, three (3) is the minimum age to play soccer: (must be 3 prior to July 31, 2017)*

LEAGUE USE ONLY:

- BIRTH CERT
- Check # _____
- Cash _____
- Scholarship
- Money Order / Cashier's Check

Under _____

Balance:

Boy Girl

\$ _____

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