**Indor Soccer Registration**

CCAC Warsaw  
3215 W. Old Rd 30  
Warsaw IN 46580  
programs@ccacwarsaw.com

**Participant Information**

First Name **\***

Last Name **\***

Street Address **\***

Address Line 2

City **\***

State **\***

Zip Code **\***

Phone Number **\***

Email Address **\***

Gender

Birth Date

Grade as of Jan 1 2020

Experience Level **\***

|  |
| --- |
| KCSL |
| Travel |
| CCAC Indoor |
| School Soccer |
| Other |

How Many Years of Experience? **\***

Medical Conditions **\***

**Household / Adult Primary Contact**

Relationship to Participant: **\***

|  |
| --- |
| Self |
| Mother |
| Father |
| Guardian |
| Other Other |

First Name **\***

Last Name **\***

Address 1 **\***

Address 2

City **\***

State **\***

Zip **\***

Phone

Alternate Phone

Email Address **\***

School Player Attends **\***

Program **\***

|  |
| --- |
| Kindergarten through 1rst Grade |
| 2nd Grade through 3rd Grade |
| 4th Grade through 6th Grade |
| 7th Grade through 8th Grade |

Shirt Size **\***

|  |
| --- |
| YS |
| YM |
| YL |
| AS |
| AM |
| AL |
| AXL |

Preferred Jersey Number **\***

Cost **\* (late fee of $5 if signed up after December 27th)**

|  |
| --- |
| 1 Child ($60.00) |
| 2 Children ($115.00) |
| Late Fee ($5) |

\*\*\* PAYMENTS ARE DUE AT THE TIME OF SIGN UP

\*\*\* PLAYERS WILL BE PLACED ON TEAMS

\*\*\* NO REFUNDS

FOR MORE INFORMATION CALL THE CCAC AT 574-269-6663 EXT 303

PLEASE READ AND CAREFULLY SIGN BELOW

Players Name **\***

Allergies **\***

Family Physician **\***

**IT IS REQUIRED THAT COACHES WILL PLAY ALL PLAYERS AT LEAST 50% OF EACH GAME WITH THE EXCEPTION OF INJURY, THIS INCLUDES THE TOURNAMENT!**

**EMERGENCY AUTHORIZATION**

I, the undersigned parent or legal guardian of the minor participant, hereby authorize the coaches, assistant coaches, the Program Supervisor or CCAC Staff member as my agent to consent to emergency medical, surgical or dental examination and/or treatment of my listed child. In case of emergency, I hereby authorize treatment, examination and treatment at any hospital or care facility. In case of any emergency, and I cannot be notified or contacted, please contact the emergency contact person listed above.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent signature (if participant is under age 18) Date

**WAIVER OF LIABILITY/DISCLAIMER/PERMISSION**

I the parent or guardian of the above named participant understand that this activity may involve some risk of injury. By signing below I release the facility, the program director, Coaches and all associated with the program from any and all claims arising from illness, injury, death or damages that may occur while participating in this program.

* I attest that my child is physically capable of participating in this program
* I also authorize the use of my child's name and photograph in any legal promotion of this program, including broadcasts, news releases, telecasts, or written accounts while participating in this program.

**CODE OF CONDUCT FOR PARENTS AND PARTICIPANTS**

The following code of conduct has been developed by the City-County Athletic Complex.

The objective of this code of conduct is to promote learning and sportsmanship, along with a fun and safe environment for all participants, coaches, officials and spectators. The CCAC has adopted a “zero tolerance” policy for all programs at our family oriented facility.

The goal of our program is to teach each participant the rules and fundamentals of the game, while promoting sportsmanship, fun, safety and fair play. Game results are not judged by win or loss, but by the child’s development in the sport and life. In order to accomplish these goals, we are asking for your cooperation.

I hereby pledge to live up to my responsibilities as a parent by following the code of conduct as described below.

• Show sportsmanship and respect for the opponents at all times.  
• Show sportsmanship and respect for the coaching staff, officials, and spectators at all times.  
• Learn the rules and be supportive of the program, officials and coaches.  
• Exercise and maintain self-control at all times.  
• Place the physical and emotional well-being of participants before wins.  
• Treat all players, coaches, parent, officials and spectators with respect.  
• Keep personal comments to myself.  
• Understand that loud, abusive and foul language will not be tolerated.  
• Verbal and physical attacks will not be tolerated, and legal actions could result.  
• Trash talking, baiting, taunting and bullying will not be tolerated.  
• The CCAC is an alcohol free, and drug free, facility.  
• Remember that this program is for entertainment and development of the children.  
• There is a time and place for everything. We also realize that not everything is perfect. If you feel something is wrong, have a question or complaint, by all means contact us. At the proper time contact the coach, and advisory member or the park staff and address your concerns. We assure you that you will receive a response to your inquiry.

With my signature, I acknowledge that I have read, understand and accept the terms of this code of conduct. I understand that failure to comply with these rules could result in my removal from the park and possibly the program.  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent signature Date

**PLEASE FILL THIS OUT AND EMAILL IT TO PROGRAMS@CCACWARSAW.COM IF YOU HAVE ANY QUESTION FEEL FREE TO CALL 574-269-6663 EXT 303**

**FOR OFFICE USE ONLY**

**COACH\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM NAME\_\_\_\_\_\_\_\_\_\_\_\_**