



Central Jackson Soccer Organization Fall 2024 Registration Form

85.00 Registration Fee
Deadline: August 15,2024

Complete and return to designated person/Location or Email to CentralJackson@gmail.com
For more information leave a message to 601-208-0899 or visit www.cjsosoccer.com

Player's Name: _____

Home Address: _____

City _____ State _____ Zip Code _____ Home Phone: _____

Sex: M or F (circle one) Age: _____ Date of Birth: _____

School Attending: _____ Grade: _____

Email Address: _____

Father's Name: _____ Wk Ph: _____ Cell Ph: _____

Mother's Name: _____ Wk Ph: _____ Cell Ph: _____

Facebook Page: _____ Twitter Name: _____ IG: _____

Team Last Season: _____ Coach's Name: _____

Shirt and Pants Size: YS YM YL AS AM AL AXL

- I would like to SPONSOR my child's team - \$500.00
- I would like to be a LEAGUE SUPPORTER - \$500.00
- I would like to COACH or ASSIST with a team
- I would like to be a TEAM MOM/DAD : Name _____ Ph# _____

- I hereby release CJSO and its designated leadership from accident and liability obligations.
- I understand that as parents we will not always agree with the coaches and referees in the games, and we pledge that we will conduct ourselves in a manner that is reflective of the goals of CJSO so that the children participating on the field will not be influenced negatively by our actions on the sidelines.
- Registration with Central Jackson Soccer Organization is a binding agreement that the player has an obligation to complete their requirements as a registered member of Central Jackson Soccer Organization.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY: Amount Paid: _____ Cash: _____ Ck#: _____

I have Confirmed Date of Birth of applicant from his or her birth certificate: _____

(Registrar's Initials)