



Central Jackson Soccer Organization Fall 2026 Registration Form

\$100.00 Registration Fee
Deadline: See additional information on website

Complete and return to designated person/location or Email to cjsosoccer2@gmail.com For more information leave a message at 769-823-9855 or visit www.cjsosoccer.com

Player's Name: _____

Home Address: _____ **City** _____

_____ **State** _____ **Zip Code** _____ **Phone:** _____ **Gender:** M
or F (circle one) **Age:** _____ **Date of Birth:** _____ **School Attending:** _____

_____ **Grade:** _____ **Email Address:** _____

_____ **Parent:** _____

_____ **Phone:** _____ **Email:** _____ **Parent:** _____

_____ **Phone:** _____ **Email:** _____ **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 Parent: 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#: _____ Cashapp: _____

I have Confirmed Date of Birth of applicant from his or her birth certificate: _____ (Registrar's Initials)