

CAPE FEAR

SOCCER ASSOCIATION

6726 Netherlands Dr. Ste 1200, Wilmington, NC 28405
Phone: (910)-392-0306 * Fax: (910)-392-7905 * e-mail: phil@capefearsoccer.com
www.capefearsoccer.com



All-Star Program PROGRAM REGISTRATION



Age Group: (Circle one) U7 U8 U9 U10 U11 U12 U13

Boys

Girls

Team Name _____

Players First Name _____ MI _____ Last Name _____

Home Phone # _____ Date of Birth _____ Male Female

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Parents Name _____

Father's Work Phone # _____ Cell Phone _____

Mother's Work Phone # _____ Cell Phone _____

PARENTAL PERMISSION AND PLAYER PARTICIPATION: SIGNATURE REQUIRED

Having been informed of the Cape Fear Soccer Association to provide supported soccer games for youth, I, one of the parents or guardians of the above named candidate, do hereby give my approval to my child's participation in any and all activities. I do release, absolve and hold harmless Cape Fear Soccer Association, and all other listed hereafter: organizers, employees, officers, board members, coaches, referees, sponsors, supervisors and landowners permitting their land for soccer activities, and all of them. I further agree to abide by the rules, regulations and decisions of the CFSA and CFYSA Board, officers or referees. In case of injury to my child, I waive all claims against organizers, sponsors or any supervisors appointed by them.

Parent/Guardian Name (printed): _____ Signature: _____ Date: _____

OFFICE USE ONLY

This is a **FREE** program offered to U7/U8/U9/U10/U11/U12/U13 Recreational Players