



Charlotte Junior Soccer Foundation, Inc.

P.O. Box 221794 Charlotte, NC 28222-1794

Email: cjrfs@aol.com Web site: www.charlottejuniorsoccer.org

Fall 2018- \$155 Spring 2019 - \$150

Fall deadline: August 1 Spring deadline: February 1

PLEASE PRINT CLEARLY. DO NOT STAPLE CHECKS TO APPLICATION.

I, _____, volunteer to be: () coach () assistant coach () team parent.

Player's Name: _____ New to CJSF? Yes/No (circle)

PLEASE CIRCLE: GIRL / BOY DOB_____/_____/_____ AGE_____

2018-19 School_____ **Grade**_____

Rate your child's skill level: Begin/Intermediate/Advanced (circle)

My child PREFERS practice on: Sunday Monday Tuesday Wednesday Thursday Friday. (circle)

Request to be on same team as: 1 _____ OR 2 _____.

Other info:_____

Parent Name(s)_____

Phone: Home_____ Primary Cell _____

Email Address 1. _____

2. _____

Liability Clause: I (we) the parents/guardian of the above-named applicant for a position on a Charlotte Junior Soccer Team, do hereby give my approval to his/her participation in any or all soccer league activities during the current season. I (we) assume all risk and hazards incidental to such participation, including transportation to and from the activities, and I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the Charlotte Junior Soccer Foundation, Inc., sponsors, patrons and all persons involved directly or indirectly with said activities, for any claim arising out of any injury to the above named applicant; and,

Sportsmanship Pledge: I (we) pledge to conduct ourselves at practices and games in a polite, supportive, and sportsmanlike manner to all players, coaches, parents, and referees.

Parent Signature_____ Date_____

For office use only: Check No: _____ Applicant No:_____