



2010 Spring Soccer Registration

Introduction:

FCSA will be offering spring soccer for the first time here in Winchester. In the past we have participated with the Tullahoma league in the spring, playing all the games at their facilities. Now that we have our new soccer complex, we are going to have a spring league here in Winchester. *WE WILL NOT BE PLAYING IN TULLAHOMA.* The soccer complex is located by the Winchester Swimplex and the Gamble baseball field. Age groups will be U-6 (birthdates before April 11, 2006 for all in-coming 4 year olds) , U-8, U-10, and U-12. Teams will be co-ed for now with the level of participation being the deciding factor.

Schedule:

Games will be scheduled for *SUNDAY* afternoons with the season starting on April 11 and concluding on May 23. In case of rain outs, make-up game dates will be coordinated by the coaches.

Registration Information:

Registration for the Spring 2010 season will take place Feb 12-March 6. Registration options are:

- 1) On-Line registration: Go to www.franklincountysoccer.org
- 2) Mail the bottom portion to

FCSA, 387 Crimson Drive, Winchester, TN 37398

Registration Fee will be \$45 per player(\$30 if you played in fall '09) or \$95 max per family.

Last day to register is March 6. You will be contacted by a league rep with more information by March 28. For more information call 931-967-2477, 931-273-5958, or visit the website.

FCSA Spring Soccer Registration

Player's Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Home Phone _____ Cell/Work Phone _____

Shirt Size(circle one): Adult S M L XL Youth S M L XL

Parent or Guardians Name: _____

Email Address _____

If you or someone you know would be willing to coach or assistant coach your child's team please indicate below with your name and best way to contact. Thanks!

() Coach _____ () Assistant Coach _____

I certify that the above information is correct and will provide proof of age if asked to do so by FCSA. Additionally, as a parent or legal guardian of the player named on this form, I hereby give my consent for emergency medical and/or dental care in the event of an injury associated with a soccer game or practice. I will accept responsibility for all payment of these services. This care may be given under whatever conditions are necessary in an attempt to reserve the life, limb or well being of my dependent. I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by all the rules of the FCSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and inconsideration for the "League" accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the FCSA, its affiliated organizations and sponsors, their employees and associated personnel and volunteers including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

Parent/Guardian Signature _____ Date _____