

# **Clackamas United Soccer Club**

Serving Clackamas, Happy Valley & Neighboring Communities

# Registration Now Open - Fall Recreational Soccer for Boys and Girls Pre-K - 12th Grade

# **Online Registration**

April 1, 2013 - July 1, 2013 www.clackamasunited.com

# Mail-In Registration

Register online/send check to CUSC: 12042 SE Sunnyside Road, PMB 376, Clackamas, OR 97015

# Walk In Registration

LogoXing

15800 SE Piazza Avenue, Suite 103 Clackamas, OR 97015 Monday - Friday 9-6

## **Summer Soccer Camp**

in partnership with Clackamas High School

# June 24th-27th

9:30 a.m. - 12 p.m. - Clackamas HS Turf Ages: 4-10 \$85 (includes a free t-shirt) Register online CUSC offers soccer programs for children Pre-K through 12th grade. See the following formats.

# Micros - U5 & U6

(U5 indicates under age 5 by 8/1/13)

Kids that have not played soccer before. Co-Ed, 3 v 3 soccer w/pop-up goals/no keepers. Cost: \$95.00 (includes t-shirt jersey). Teams play at Hoodview Park

### Minis – U7 (Under age 7 by 8/1/13)

4 v 4 soccer Co-Ed. \*Experienced players may elect to play at the U8 level. Cost: \$95.00 (includes t-shirt jersey) Teams play at Hoodview Park

#### U8 - (Under age 8 by 8/1/13)

6 v 6 small sided soccer with keepers. Teams play at CUSC fields. Cost: \$95.00 Early Registration. \$120 after 7/7/13.

#### U9

6 v 6 small sided soccer with keepers. Cost: \$95.00 Early Registration. \$120 after 7/7/13.

### U10/U11

8 v 8 small sided soccer with keepers. Cost: \$95.00 Early Registration. \$120 after 7/7/13.

### U12/U13/U14

11 v 11 full field soccer. Cost: \$95.00 Early Registration. \$120 after 7/7/13

### U15-U18 Co-Ed

11 v 11 full field soccer. Cost: \$120 (no late fees)

This activity is not endorsed or sponsored by North Clackamas School District.

# www.ClackamasUnited.com

503-550-7535

CUSC is an independent, non-profit club serving the Clackamas area for over 10 years. CUSC is not affiliated with any neighboring clubs.



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503-550-7535

PLAYER INFORMATION							
Player Name*:	DOB:		Age:	Ger	nder: 🗖 F	F 🗆 N	/
School:	Grade:		Buddy Request	i**.			
PARENT INFORMATION			Minis & Micros:	T-Shirt Size □YXS	□YS	□YM	□YL
Parent / Guardian:		Phone:					
Address:		City:	State: Zip:				
E-mail:		May we ema	ail you important soccer inform	mation? YES	NO		
Parent / Guardian #2:		Email:					
Insurance:		Group #:					
Emergency Contact:		Phone:					
Medical Conditions or Allergies:  *As it appears on the birth certificate. ** We will do	o our best to honor one buddy request howe		n Coaching :  YES				
Important! Read and Sign Where Indicated sponsors. Recognizing the possibility of physical injury discharge and/or otherwise indemnify and hold harmles the Programs, against any claim by or on behalf of the the same, which transportation I herby authorize. I agree Agreement indicated on the backside of this registration Club regarding any disciplinary action deemed necessary.	associated with soccer and in consideration for ss the USYSA, it's affiliated organizations and Registrant; and I assume all risks and hazards ee to be responsible for any fund-raising items on form, which is by reference incorporated here	r the USYSA accepting sponsors, their employ s that may occur as a r or activities to which n ein. I further agree to a	g the Registrant for it's soccer progi yees and associated personnel, incresult of the Registrant's participation my child may be assigned. I agree to accept, as final and binding, decision	rams and activities [th cluding the owners of f on in the Programs an to be bound to the Cod	ne "Progran fields and f nd/or being de of Cond	ns"], I here acilities ut transporte luct and P	eby release tilized for ed to or fro Player/Pare
Consent for Medical Treatment (Minor): As of Dentistry. This care may be given under whatever co				ibed by a duly license	d Doctor o	f Medicine	e or Doctor
Consent for OYSA, OPL and CUSC to take non-profit activities. These photos may not be sold or o		may be used for the so	ole purpose of reporting on and pro	moting Oregon Youth	Soccer &	US Youth	Soccer
Signature:	Pri	int Name:			Dat	e:	
Parent/Legal Guardian - Please SIGN	Pa	nrent/Legal Guardiar	n - Please PRINT				
DI AVED INFORMATION							
PLAYER INFORMATION Player Name*:	DOB:		Ago:	Cov	nder: 🖵 F	- D.	.1
Player Name .	DOB.		Age:	Gei	idei. 🗀 i	F un	Л
School:	Grade:		Buddy Request	<u>***</u> .			
PARENT INFORMATION			Minis & Micros:	T-Shirt Size □YXS	□YS	□YM	□YL
Parent / Guardian:		Phone:					
Address:		City:	State: Zip:				
E-mail:		May we ema	ail you important soccer inform	mation? YES	NO		
Parent / Guardian #2:		Email:					
Insurance:		Group #:					
Emergency Contact:		Phone:					
Medical Conditions or Allergies:		Interested in	n Coaching : 🖵 YES				
*As it appears on the birth certificate. ** We will do	o our best to honor one buddy request howe	ever both players mus	st request each other.				
Important! Read and Sign Where Indicated sponsors. Recognizing the possibility of physical injury discharge and/or otherwise indemnify and hold harmles the Programs, against any claim by or on behalf of the the same, which transportation I herby authorize. I agree Agreement indicated on the backside of this registration Club regarding any disciplinary action deemed necessary.	associated with soccer and in consideration for ss the USYSA, it's affiliated organizations and same Registrant; and I assume all risks and hazards ee to be responsible for any fund-raising items on form, which is by reference incorporated here	r the USYSA accepting sponsors, their employ s that may occur as a r or activities to which n ein. I further agree to a	g the Registrant for it's soccer progi yees and associated personnel, inc result of the Registrant's participation my child may be assigned. I agree to accept, as final and binding, decision	rams and activities [th cluding the owners of f on in the Programs an to be bound to the Cod	ne "Progran fields and f nd/or being de of Cond	ns"], I here facilities ut transporte luct and P	eby release tilized for ed to or fro Player/Pare
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Parent/Legal Guardian - Please SIGN

Signature:

Date:

Print Name: