



Carolina Elite Soccer Academy TOP Soccer Registration Form

18 Boland Court, Greenville, SC 29615
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www.CarolinaEliteSC.com

Please return form at Top Soccer Session. Thank you.
If you have any questions please contact Richard Delap (864 268 1835) or Pearse Tormey (864 329 1113).

Fees and Placement Information: There is no cost to participate in TOP Soccer

Dedicated volunteers are vital to Carolina Elite Soccer Academy. Please sign up to volunteer by checking a category below.

Coach ____ Assistant Coach ____ Team Parent ____

(All CESA volunteers will be registered with South Carolina Youth Soccer and are required to complete a background check)

PLEASE COMPLETE ALL 3 PAGES FRONT AND BACK.

PLEASE PRINT OR TYPE

Player's Name: _____

(First and Last - As it is listed on the birth certificate)

Birth Date: _____ (Month/ Day/ Year)

Gender (circle): M or F

Nickname: _____ School: _____

Email Address: _____

Home Phone #: _____ Cell #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Do you have a sibling(s) playing for CESA? If yes, name of player _____

DOB _____ Male _____ Female _____

Scheduling Information:

TOP Soccer schedules are posted on the CESA web site. We attempt to have 6 sessions in the fall and 6 in the spring usually on Sunday afternoons lasting for 90 minutes.

Code of Conduct

Player agrees to become an active member of the team and promises to faithfully abide by the rules and regulations and always stand for clean sports. Parents pledge to provide positive support and encouragement for their child & officials participating in youth soccer by following the Code of Conduct:

- **I will not address the referee during the game, the only exception being to point out emergencies or safety issues. (After the completion of the game, you may politely ask for the referee to explain the rules surrounding a call made during the game.)**
- **I will not coach from the touchline. If I do, I may confuse, distract or frustrate the players as well as contradict a coach's instructions.**
- **I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials.**
- **I will treat other players, coaches, fans and officials with respect.**
- **During games I will stay at least three (3) feet from the touchline and completely away from the area behind the goal and the player/coach touchline.**
- **I will encourage fair play.**
- **I will de-emphasize winning and losing.**
- **I will applaud good plays by members of my team and the members of the opposing team.**
- **I will not bring alcohol or illegal drugs inside the soccer complex.**
- **I will not use profanity around players, fans and officials.**
- **I will remember that my CHILD is the one playing soccer, not me.**

Releases

I, the parent/guardian of the registrant, a minor, agree that the registrant and I abide by the rules of Carolina Elite Soccer Academy, SC Youth Soccer, the US Youth Soccer, US Club Soccer and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Carolina Elite Soccer Academy, SC Youth Soccer, US Youth Soccer, and US Club Soccer accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Carolina Elite Soccer Academy, SC Youth Soccer, US Youth Soccer, US Club Soccer, their affiliated organizations and sponsors, their employees, medical personnel, and associated personnel, including owners of fields, facilities utilized for Programs, against any claims by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Therefore, I hereby grant my child's coach or team manager permission to act as my agent in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any and all medical or dental treatment for my child. The above information pertaining to my child is true and correct to the best of my knowledge. My child has received an examination by a physician and has been found physically capable of participating in all of the CESA Soccer Programs.

I authorize Carolina Elite Soccer Academy to provide the information contained on this form to its sponsors and any other entities at its discretion.

I HAVE READ AND AGREE TO THE TERMS LISTED UNDER CODE OF CONDUCT AND RELEASE STATEMENTS.

Parent Signature: _____ **Date:** _____

****I give my permission to have my child photographed during games or practice for use on the website, newspaper, media or for sponsorship information. At no point will CESA give out player's names with pictures.**

If you DO NOT want your child photographed initial here: _____

**Bon Secours St. Francis Health System, Inc.
St. Francis Sports Medicine**

Name _____ DOB _____

Phone # _____ Cell # _____

Grade _____ CESA Team/ Coach _____

Address _____

Father _____ Cell # _____

Home # _____ E-mail _____

Mother _____ Cell # _____

Home # _____ E-mail _____

Insurance Carrier _____

Emergency Contact _____

Phone #'s _____

Yes/ No

 Does your child have any of the following? (Check appropriate box and list details)

- Medical Alert Allergies _____
- Allergic to any medication(s) _____
- Asthma _____ Do you have an Inhaler? _____
- Heart Condition _____
- Vision loss _____
- Epilepsy _____
- Diabetes _____
- Kidney condition _____
- Hearing loss _____
- Severe headaches _____
- Other _____

Additional medical information:

Previous injuries/surgeries (month/year)? _____

Date of last tetanus booster: _____

Is your child on any medication that is taken on a regular basis? (List) _____

Does your family have a primary care physician? (Name/ phone#) _____

Does your family have an orthopedic MD? _____

My child may take any over-the-counter medication such as Tylenol®/Advil® yes no
Specific _____

Parent/Guardian Signature _____ **Date** _____