JC JUNIORS SOCCER ACADEMY BOYS & GIRLS 2010 JC SOCCER LEAGUE REGISTRATION

Mail To: JCJSA P.O. BOX 104 IMPERIAL, MO. 63052 Register By March 26th: Openings not guaranteed after that date. REGISTER ONE CHILD PER FORM – PLEASE COMPLETE THE ENTIRE FORM

Name of Child:			(M . 1	11.)	
A 11	(Last)	(First)	(Mide	dle)	
Address:	(Street)	(Town)	(Zip C	Code)	
Telephone:	Date of Bin	th:	Team:		
Parent's Email:		Chile	1: 🗆 Male	□ Female	
Mother's Name:	Work Phor	ne:	Cell Phone:		
Father's Name:	Work Pho	ne:	Cell Phone:		
School Attending (2009 – 2010): 8v8 AGE DIVISIONS: The divi JC League divisions will include volunteer coaches.	sions that we will be al 3 rd grade to 8 th grade p	Gra ble to offer depend o layer ages. We will f	de (2009 – 2010):_ n registrations. ield teams in any a	ge group that has suff	icient players and
North Director – Cl JC North Division: For boys at & Sunday afternoons from 2:00 – JC South Division: For boys at 9:00pm & Sunday afternoons fro	- 4:00pm. nd girls living in and so	lsboro H.S. South Directo DeSoto; plays at Hill outh of DeSoto; plays	r – Rusty Sancegraw H sboro High School at Farmington Hig	ead Coach Farmington H.S l on Friday nights from gh School on Friday n	m 7:00 – 9:00pm
\Box 3 rd & 4 th Grade Boys Bracket	\Box 3 rd & 4 th Grade G	irls Bracket			
\Box 5 th & 6 th Grade Boys Bracket	\Box 5 th & 6 th Grade G	irls Bracket			
\Box 7 th & 8 th Grade Boys Bracket	\Box 7 th & 8 th Grade G	irls Bracket			
Player Registration Fees – S	Spring 2010 * <mark>No Ap</mark>	plications will be	accepted after 3	8/19/10	
 \$50.00 - Roster of 10 \$38.46 - Roster of 13 	□ \$45.45 - Roster □ \$35.71 - Roster	of 11	1.66 – Roster of 33.33 – Roster of	12 15	
TOURNEY TEAMS: In additio	s child have a medical JSA JC League Program. I ve ng program activity. I hereby her stay at the JC Juniors So	condition (Please Ch pluntarily and knowingly give my permission for r	eck One)? □Yes agree to release the coac ny child to be medically	□No ches, staff and players from y	
Signature of Registering Parent	t:			Date:	\sim

*** Office	Use Only ***		
Date Recei	ved:		
Amount Re	eceived:		
Cash:	Check:	Check #:	

JC JUNIORS SOCCER ACADEMY **BOYS & GIRLS 2010 JC SOCCER LEAGUE REGISTRATION (TEAM)**

Team Name:			Coach Name:				
Coach Email:			Coach Phone:				
Player Name	(Last)		(First)		(Mide	lle)	
1							
	□ JC North Division				\Box 7 th & 8 th	Girls Bracket	Boys Bracket
	Mail To: JCJSA P.	O. BOX IMPERIAL, MO. 63	052 <u>Register</u>	By March 19th: Or	benings not guarantee	ed after that date.	

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