

Division - Micro I    Micro II    Mini  
Pay: Ck Ca Ball



**CLEVELAND ECLIPSE**  
SOCCER CLUB

# Youth Player Application (Due 3-19-10)

Spring 2010

**PLAYER INFORMATION** (please print clearly, use one form per player)

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate (mo./day/yr.) \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex: Female / Male

Grade \_\_\_\_\_ School \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Email address: \_\_\_\_\_

## YES, I WOULD LIKE TO VOLUNTEER:

COACH a team       Assistant COACH       HELP with other duties (time keeping, etc.)

Name \_\_\_\_\_ Relation to player \_\_\_\_\_

## UNIFORM & EQUIPMENT

 (please order shirt at least one size larger than normal for freedom of movement)

Shirt size:  YM(10-12)     YL(14-16)     AS (34/36)     AM(38/40)     AL(42/44)     AXL(46+)

Soccer Ball:  Yes, we need a ball. (add \$15 extra)     No, we have a ball.

**SOCCER EXPERIENCE**    Skill level:  Beginner     Intermediate     Advanced

Preferred level of play: **(Please Note, depending on number of applicants, your child may not be assigned to the level you request!!)**

Micro I (K and 1<sup>st</sup> grade)       Micro II (1<sup>st</sup> and 2<sup>nd</sup> grade)

Mini (2<sup>nd</sup> - 4<sup>th</sup> grade)       8v8 (5<sup>th</sup> - 8<sup>th</sup>) **Girls only.**

**MEDICAL CONDITIONS/ALLERGIES** (Use reverse side of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

## PARENT AUTHORIZATION

I hereby consent to have my child participate in activities of Cleveland Eclipse Soccer Club, Inc. and its affiliated organizations, including travel to and from practices and events. I release Cleveland Eclipse Soccer Club, Inc., its officers, players, and coaches from claims, expenses, and damages for injury to my child or any loss or damage of property resulting from participation. I agree to allow first aid and medical treatment to be given as deemed necessary by officials or physicians in case of emergency at my expense. My child is in good health and has passed a physical exam by a physician within the past two years, allowing him/her to participate in athletic activities.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date