



H/B Cavalier Soccer Club

Fall '10 / Spring '11 Season Overview

Fall Season

Registration: U10 and older: Complete your packet and return with payment to your team manager.
EDP: Complete your packet and return with payment either to the bin on the front porch at 75 Broad Street in Hollis or to PO Box 901, Hollis, NH 03049.

PLEASE COMPLETE THE ENCLOSED REGISTRATION CHECKLIST CAREFULLY.

Practices: Team specific.

GSYSL Jamboree: August 28 and/or 29 - Seacoast United facility in Epping. All Cavaliers participate.

League Play: Granite State Youth Soccer League (GSYSL): September 11 – October 31

Fall Championships: GSYSL Championship tournament (for U12 and older only): November 6 - 7

Tournaments: Columbus Day Weekend is most popular tournament weekend.

Winter Season

Indoor Training: February – March. It is strongly recommended that players register and attend. These sessions are team specific and will be coordinated by the coaches. Fees are not included in your season fees.

Indoor Soccer: Team specific. Cavalier coaches are not required to have their teams play organized indoor soccer.

Spring Season

Practices: Team specific.

League Play: Granite State Youth Soccer League (GSYSL): mid April – mid June

Tournaments: Memorial Day Tournament is most popular tournament weekend

AGM: February or March. At the Annual General Meeting, officers of the club will be elected and any changes to the by-laws will be voted on.



H/B Cavaliers Soccer Club Registration Checklist for Parents

- Provide **2 COPIES** of your player's birth certificate or passport
[NOTE: THIS IS NOT REQUIRED IF THE PLAYER PARTICIPATED ON A TRAVEL TEAM DURING THE 09-10 SEASON]

- Complete **2 COPIES** of USYSA Membership Form
[NOTE: BE SURE TO SIGN THE MEDICAL RELEASE IN THE LOWER LEFT CORNER OF THE FORM. YOUR PLAYER WILL NOT BE REGISTERED WITHOUT THIS SIGNATURE.]

- Uniform: Provide a size for your practice T (U10 and older only). One is included in your registration fee. If your player needs a new uniform, or uniform components, complete the uniform order form.

- Pay balance due for season fees and uniform costs.

- Fill out Medical Emergency Information Form.

- Deliver all registration materials as follows:
 - U10 and older: to your team manager
 - EDP: drop in the soccer bin on the front porch at 75 Broad St, Hollis or mail to PO Box 901, Hollis, NH 03049

- email address(es) for team use to disseminate information:

Dad: _____

Mom: _____

Other: _____

NOTE: For households with more than one player, please write a separate check for each player. No registrations will be processed without payment.

A SIMPLE PLEA

Even if it feels as though you have registered 100 times before, please make sure you follow all of the steps listed above and that you write LEGIBLY on the forms. The paperwork is important for many reasons, not least of which is ensuring the safety of your player. Please make sure we can read it.

USYSA Membership Form

New Hampshire Soccer Association



FOR OFFICIAL USE ONLY

FOR LEAGUE USE ONLY

League Name _____

Group _____

Div. _____

- Transfer
 New
 Reregistration
 Change / Correction

PLEASE PRINT FIRMLY AND LEGIBLY

Last Name _____ First Name _____ Mid Init _____ Male/Female _____

Address _____ Birth Date _____ Player=P
Coach=C Administrator=A _____ Coach's Lic. Lev. _____
Month / Day / Year

City/Town _____ State _____ Zip Code _____ Area Code _____ Tele Numb _____

Father's Name _____ Telephone _____

Mother's Name _____ Telephone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number of prior seasons played _____ Last Team _____ Last League _____ Date of Last Season _____ 19 _____

Height _____ Weight _____ School _____ Grade _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 and/or being transported to or from the same, which transportation I hereby authorize.

NAME _____
Parent / Legal Guardian (Please Print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent / Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

PARENTAL SUPPORT

We ask for active participation of all parents in our programs. Check area(s) in which you would be willing to help.

- Coach Special Projects Fund Raising
 Asst. Coach Field Preparation Referee
 Team Manager Board Member Newsletter
 Team Parent Publicity Donor
 Other Areas _____

OFFICIAL USE ONLY

Picture Received? Yes No
Birth Date Verified? Yes No

Registration Fee:

TOTAL _____ Received by _____
 Cash Check No. _____ Date _____

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PLEASE PRINT FIRMLY AND LEGIBLY

Last Name _____ First Name _____ Mid Init _____ Male/Female _____

Address _____ Birth Date _____ Month / Day / Year
Player=P
Coach=C
Administrator=A _____ Coach's Lic. Lev. _____

City/Town _____ State _____ Zip Code _____ Area Code _____ Tele Numb _____

Father's Name _____ Telephone _____

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Signature of Parent / Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

PARENTAL SUPPORT

We ask for active participation of all parents in our programs. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Other Areas _____
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Fund Raising
- Referee
- Newsletter
- Donor

OFFICIAL USE ONLY
Picture Received? Yes No
Birth Date Verified? Yes No

Registration Fee:
TOTAL _____ Received by _____
 Cash Check No. _____ Date _____



Hollis/Brookline Cavalier Soccer Club: Uniform Order Form

Prices effective as of August 2007

H/B CSC
PO BOX 901
Hollis, NH 03049

NAME _____ TEAM _____ Coach _____

DATE _____ Phone number _____ email _____

Qty	Item	Available Sizes (circle or fill in desired size)	Customized Information	Price per Unit	Total Cost
	Complete Uniform – includes Jersey, shorts and socks To order individual items see below	Please indicate sizing for each item below	Please indicate customization for each item below	\$55	
	Uniform Jersey*	YXS YS YM YL YXL AS AM AL AXL AXXL	For club use only # _____	\$34	
	Uniform Shorts*	YS YM YL AS AM AL AXL	For club use only # _____	\$18	
	Uniform Socks*	Child (size 7-9) Youth / Womens (size 9-11) Mens (size 10-13)	Child _____ Youth / Womens _____ Mens _____	\$8	
	Practice T-shirt (with number on back)**	YXS YS YM YL YXL AS AM AL AXL	# _____	\$15 (for additional T-shirts only)	
	PAYMENT INFORMATION:	For club use only Cash	For club use only AMOUNT: _____	TOTAL:	

- Required uniform components
- One practice T-shirt will be provided automatically with registration; this is for additional T-shirts only.



H/B Cavalier Soccer Club

Emergency Medical Information

The Hollis/Brookline Cavalier Soccer Club wants to provide a safe and fun environment for players within the club. However, as with any competitive sport there are always potential risks of injury, sickness, accident, etc.

It is essential that the coaches are aware of any medical conditions and/or allergies their players may have, as well as, any medications their players may be taking. This will enable us to be on alert for potential issues and to take appropriate action until such time that you may be contacted.

Player: _____

Emergency Contact: _____

Emergency Phone: _____

Physician Name: _____

Physician Phone: _____

Known Allergies: _____

Medical Problems: _____

Medications being taken: _____

Medical Release

I hereby give permission for any necessary medical attention to be administered to (player name) _____, in the event of accident, injury, sickness, etc. until such time as I may be

contacted. The release is given for the duration of the soccer year Fall '10 and Spring '11. H/B Cavalier SC is not liable for injuries.

Parent or Legal Guardian Signature: _____

Date: _____