



RECREATIONAL & TRAVEL SOCCER PROGRAMS FALL 2018 SEASON @ VETERANS PARK (SEPTEMBER 10th through NOVEMBER 17th, 2018)

Dear Community Member,

The **Norwalk Community Soccer Club** is a not for profit organization providing opportunities to learn and play the sport of soccer for all the children in the City of Norwalk.

RECREATIONAL SOCCER PROGRAM (Begins Monday, September 10th, 2018 (10 weeks, weather permitting)

This program consists of one practice during the week and one game on Saturdays. The fees for the Fall Season are:

- Returning Players: Group 'A' Fee \$105.00, Group 'B&C' Fee \$135.00. New Uniform Kits, if required, are \$35.00
- New Players: Group 'A', \$140.00 and Group 'B&C', \$170.00. This fee includes new uniform kits (two jerseys with logo and number, one pair of shorts, one pair of socks) and season end trophy.
- Please fill out this registration form and mail it with your payment no later than September 1st, 2018.

We will have walk-in registrations on:

September 1st between 10:00 AM to 12:00 PM
South Norwalk Community Center
98 South Main Street, Norwalk, CT 06854

Also @ Ponus Middle School during 1st week of
Practice 5:30 to 7:00 PM
Group "A" MONDAY Sept 10th
Group "B" WEDNESDAY Sept 12th
Group "C" FRIDAY Sept 14th

For the recreational program, you can mail this application with check to:

Norwalk Community Soccer Club
28 Southwind Drive
Norwalk, CT 06854

Registrations online are available at:

www.norwalkcsc.org

New players to the program will be required to provide a copy of a birth certificate or passport and a small photo for ID. You can mail the above information to the address above or bring it to one of the walk-in registration dates at Saint Joseph Church or Veteran's Park listed above.

TRAVEL PROGRAM

This program is for kids who are looking for a higher level of skill and competition. The team holds two practices during the week and competes on Sundays against other travel teams from surrounding towns. This program runs throughout the year. The Fall season runs from September thru November and the Spring season runs from April to June. During the winter, there are indoor sessions as well. **We have spots available on the following Travel Teams: Boys U-9, U-10, U-11, U-12, U-13, U-14.** Please check with the team head coach or go to our website www.norwalkcsc.org.

For additional information, please go to our website www.norwalkcsc.org or contact one of the Travel Team coaches below:

RECREATIONAL PROGRAM



George Caceres
Aleyda Caceres

H 203-856-9515
H 203-854-9926

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TRAVEL PROGRAM



William Sequeira
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FALL 2018 Recreational Registration Form

Last Name: _____ First Name: _____ MI _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ E-mail Address: _____
Home phone: () _____ Male _____ Female _____ D.O.B. Month _____ Day _____ Year _____

PARENTS INFORMATION

Father's Name: _____ Cell () _____
Mother's Name: _____ Cell () _____
Person to notify in case of emergency: _____ Phone () _____
Doctor to notify in emergency: _____ Phone () _____
List any medical problem or prohibition player has: _____

VOLUNTEERS NEEDED

The Club's success depends on volunteers. Please help!

Team Coach _____ Team Asst. Coach _____ Team Manager _____ Others _____

RECREATIONAL AGE GROUPS (circle one)

Group "A" Ages 4, 5, 6 Group "B" Ages 7, 8, 9 Group "C" Ages 10 to 14

UNIFORM SIZES (circle one)

JERSEY: YS YM YL YXL SHORTS: YS YM YL YXL
AS AM AL AXL AS AM AL AXL

FEES FOR RECREATION SPRING SEASON PROGRAM

One Practice during the week and one game on Saturday afternoon. A Trophy is included

Returning Players: Group 'A' Fee \$105.00, Group 'B&C' Fee \$135.00

New Players: Group 'A' Fee \$140.00, Group 'B&C' Fee \$170.00 includes New Uniform Set

Note: Fees are non-refundable

You can mail your registration to Norwalk Community Soccer Club, 28 Southwind Dr., Norwalk, CT 06854

Para mas informacion en español por favor llamar a George Caceres 203-856-9515

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NCSC, CJSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CJSA accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and /or otherwise indemnify the CJSA, NCSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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 of Parent or Legal Guardian _____

Signature: _____ Date: _____ / _____ / _____

Consent for medical treatment of minor

As the parent or guardian of the about named player, I hereby give 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 or well being of my dependent.

Signature: _____ Date: _____ / _____ / _____

CLUB USE ONLY: Player's fee \$ _____ Received by _____ Date _____

Returning Club Player _____ New Club Player _____ Concussion Form _____



CONCUSSION AWARENESS
INFORMED CONSENT FORM

(only for new Players)

Name of Youth Athlete: _____

Name(s) of parents or legal guardians: _____

Address: _____

Season/Year: ___ 2018-2019 ___ SOCCER _____

I. Consent of Parent/ Guardian

I, _____, as the parent/ legal guardian of _____, a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I further acknowledge that I have been provided with specific information about the procedures to be followed in the event that my child has been removed from play due to a suspected head injury or concussion and my responsibilities pertaining to a physician's evaluation and clearance prior to my child's returning to play following any such injury.

Having been so informed I hereby give my consent to my child's participation in the athletic activities listed above and I agree to abide by all applicable rules and regulations concerning such athletic events and activities and the recommended procedures in the event that my child is suspected of having been injured, including all return-to- play requirements and procedures.

Parent/Legal Guardian signature: _____

Witness signature: _____

Date: _____

Date: _____

II Consent of Youth Athlete

I, _____ (name of athlete) , as a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I have been provided with specific information about the procedures to be followed in the event that I am removed from play due to a suspected head injury or concussion and my responsibilities prior to returning to play following any such injury. I agree to abide by all applicable guidelines and the recommended procedures in the event that I am suspected of having been injured, including all return-to- play requirements and procedures.

Athlete's signature: _____

Witness signature: _____

Date: _____

Date: _____

For more information, please check our website