

Instructions

Jr. Cutters/Travel Registration

If you plan to register online (full payment with credit card only) and you are not applying for a scholarship, you need only complete the Player-Parent Agreement and mail to the Club office.

If you plan to register online and you are applying for a scholarship, STOP! You may not register online. You must complete this entire form and mail to the Club office with payment (check only).

If you do not plan to register online and you are not applying for a scholarship, please complete all but the last two pages of this form and mail to the Club office with payment (check only).

Club Office

Cutters Soccer Club
441 S. College Ave.
Bloomington, IN 47403



Monroe County Youth Soccer, Inc.
d/b/a

Cutters Soccer Club Junior Cutters & Travel Registration

Fall 2008 - Spring 2009

Online registration is available at www.cutterssoccer.org.

Payment accepted by credit card only.

Scholarship applicants and practice players **must** use this form to register.

Player (Required)

Name (first, last): _____	Gender: ____	Phone (H): _____
Date of Birth (M/D/Y): _____	Age (as of 7/31/09): ____	School: _____
Address: _____	City: _____	State: ____ Zip: _____

Mother's Date of Birth (M/D): _____	(Required for assignment of player ID for Indiana)
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Guardian 1 (Required)

Name (first, last): _____	Relation: _____
Address: _____	City: _____ State: ____ Zip: _____
Phone (H): _____	Phone (W): _____ Phone (C): _____
E-Mail Address(es): _____	
Employer/Occupation: _____	

Guardian 2 (Optional)

Name (first, last): _____	Relation: _____
Address: _____	City: _____ State: ____ Zip: _____
Phone (H): _____	Phone (W): _____ Phone (C): _____
E-Mail Address(es): _____	
Employer/Occupation: _____	

Medical (Required)

Emergency Contact: _____	Relation: _____
Phone (H): _____	Phone (W): _____ Phone (C): _____
Primary Care Physician: _____	Phone (W): _____
Medical Insurance Company: _____	Policy #: _____
Dental Insurance Company: _____	Policy #: _____
Medical Conditions: _____	

Volunteer Commitment

Cutters Soccer Club is a not-for-profit organization. It depends almost exclusively on the help of volunteers for its existence. **The family of every player on a U9 – U14 team is required to volunteer 20 hours on behalf of the Club and/or team during the calendar year (i.e. August 1, 2008 – July 31, 2009); the family of every player on a U15 – U18 team is required to volunteer 10 hours on behalf of the Club and/or team during the calendar year (i.e. August 1, 2008 – July 31, 2009).** Families will be invoiced at the end of the calendar year at the rate of \$20 per hour for any hours short of the requirement. (A family may elect to “buy out” volunteer hours at the rate of \$20 per hour.)

Notification & Payment

If a player is offered and accepts a roster spot on a team, acceptance is formalized by payment of the participation fee for the Fall 2008 season (U9-U14) or deposit for the Spring 2009 season (U15-U18). This payment is due by June 27, 2008. A player forfeits his/her roster spot if payment is not received by this date. The balance for the Spring 2009 season (U15-U18) is due by November 14; the participation fee for the Spring 2009 season (U9-U14) is due by February 13, 2009. **Participation fees (including deposits for U15-U18) are non-refundable unless there are exceptional circumstances such as a season-ending injury or an unexpected move out of the area. Refunds will not be granted if a player simply decides not to play or to play for another club.**

Club Directory

The Cutters Soccer Club plans to compile member contact information to generate a directory for the Club. This directory will be made available to its members (hard-copy only) to facilitate communication. The contact information will include names, phone numbers, and e-mail addresses as listed in the player and guardian sections of this form. (Mailing addresses will not be included in the directory.) Please check one of the following:

- ? **Yes. I grant permission to have the names, phone numbers, and e-mail addresses as listed in the player and guardian sections of this form (except _____) included in the directory.**
- ? **No. I do not wish to be included in the directory.**

Medical Treatment & Publication Release

The parents of Junior Cutters or Travel soccer players must assume all the liability for the risks and hazards arising out of a player's participation. The parents, therefore, agree to release, indemnify, and hold Monroe County Youth Soccer, Inc. d/b/a Cutters Soccer Club (CSC) and all those affiliated with CSC harmless for all liability arising out of or in any way related to participation in CSC. This releases liability that might arise from attendance at practices, games, meetings, club picnics, or other club-related activities and travel to and from such activities. This listing is not exhaustive, but only descriptive. Also, parents recognize that an injury requiring immediate medical treatment might be sustained during any such activity. In the event of an injury to the player in the parent's absence, the parents grant permission to any attending medical personnel to render ordinary medical treatment, and the parents agree to pay the usual charges for such treatment. The parents also agree to familiarize themselves with the health insurance provided to the players through their participation in this youth soccer association.

Furthermore, in exchange for their child's participation in this youth soccer association, the parents consent to their child being the subject of reasonable photographs taken by or on behalf of CSC at publicly observable games or tournaments, and further consent to the publication of such photographs (without names) in the CSC web page and other promotional materials solely for the purpose of advancing the cause of CSC among local and regional youth.

I agree to abide by the By-laws, Rules, and Procedures of Monroe County Youth Soccer, Inc. d/b/a Cutters Soccer Club.

If you DO NOT want your child photographed in any way, please cross out the above paragraph and contact us at 333-8010. Acknowledge that CSC may inadvertently publish your child's image even without consent. In the event this happens, CSC will promptly remove or render unrecognizable any such image upon notice by the parents, and the parents further release CSC, together with its officers, employees, agents, and assigns, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based on the inadvertent publication of said photographs, regardless of their form or content.

Parent/Guardian Signature: _____ **Date:** _____

Player-Parent Agreement

Although a player may have verbally accepted a position to play on a particular team, the player will not be officially put on the roster until the following agreement has been signed by both the player and a parent/guardian. This requirement has been mandated by Indiana Youth Soccer.

I understand that I/my child have/has been invited to play on the _____ team for the Cutters Soccer Club. (Please indicate age, gender, and Red/White/Blue if applicable.)

I understand and agree that as a member of that team, I/my child have/has certain obligations:

1. To attend all practices and games unless excused for illness or for circumstances beyond the player's control, for example, a required school event or a death in the family (these are illustrations only, and not a comprehensive list).
2. To attend all tournaments in which the team is participating and to pay a fair share of the expenses therefore, even if unforeseen circumstances prevent participation.
3. To arrive on time for practices and games, and to devote my attention to the practice or game while there.
4. To honor the game by respecting the coach, being a good team player, respecting my opponents and the referees, participating at all times to the best of my ability, and conducting myself in such a way as to reflect well on the sport of soccer and on the Cutters Soccer Club.

I understand and agree that failure to meet these obligations places a hardship on the other players and harms the team, and that there could be playing time consequences for failure to meet them.

I understand that if I/my child withdraws from the team, the deposit I paid is non-refundable unless there are exceptional circumstances (e.g., move out of the area, illness or injury that prevents playing).

I understand that the Club has certain requirements for volunteer hours per family, and our family agrees to fulfill that requirement.

I accept a place on this team and agree to fulfill the obligations set out herein.

Player Signature: _____ **Parent/Guardian Signature:** _____

Date: _____

Date: _____

Please include a signed Player-Parent Agreement with your registration form and payment. Thank you.

Parental Code of Conduct

- ✍ I will require my child to honor personal and team commitments; however, I will not force initial participation upon my child.
- ✍ I will facilitate participation with full understanding that the main reason children participate is “to have fun”.
- ✍ I will emphasize those aspects of the game of which my child has direct control (e.g. effort, teamwork, skill development) and de-emphasize those aspects of the game of which my child does not have direct control (e.g. winning, making a team, obtaining a scholarship).
- ✍ I will promote the emotional and physical well being of my child ahead of any personal desires of mine, acknowledging that the game is for the children and not for the adults.
- ✍ I will never ridicule or punish my child for making mistakes in practices or games.
- ✍ I will inform the coach of any physical disability or ailment that my child has that may affect the safety of my child or the safety of others.
- ✍ I will learn the rules of the game and support the coach in teaching my child to play by the rules.
- ✍ I (and my guests) will be respectful and courteous to all players, coaches, officials, and spectators regardless of sex, race, color, creed, or ability.
- ✍ I will demand that my child be respectful and courteous to all players, coaches, officials, and spectators regardless of sex, race, color, creed, or ability.
- ✍ I will refrain from “coaching” my child on or off the field unless I am one of the official coaches of his/her team.
- ✍ I will only address concerns and questions with coaches at an agreed upon time and place.
- ✍ I will refrain from the use of alcohol, tobacco, and other drugs during practices and games.
- ✍ I will encourage a healthy diet for my child, particularly as it relates to any snacks provided for the children after practices or games.
- ✍ I will learn the policies and procedures of the Club.
- ✍ I agree that if I fail to abide by the aforementioned rules and guidelines as outlined in the above Code of Conduct, I may be subject to disciplinary action that could include, but is not limited to the following:
 - ? Verbal warning from an official, a coach, and/or a Club representative.
 - ? Immediate dismissal from a practice or game issued by an official, a coach, and/or a Club representative.
 - ? Written warning from the Club.
 - ? Suspension from a particular number of practices and/or games issued by the Club.
 - ? Termination from the Club.

Parent/Guardian Signature: _____ **Date:** _____

Please include a signed Parental Code of Conduct with your registration form and payment. Thank you.

¹Payment

(If applying for a scholarship, please complete a scholarship application and a worksheet and include with your registration form and payment.)

Age Group	Due 6/27/08	Due 11/14/08	Due 2/13/09
00 (U9)	\$210	\$0	\$210
99 (U10)	\$210	\$0	² \$280
98 (U11)	\$320	\$0	\$320
97 (U12)	\$345	\$0	\$345
96 (U13)	\$370	\$0	\$370
95 (U14)	\$395	\$0	\$395
94 (U15)	\$210	³ Approx. \$210	\$0
93 (U16)	\$210	³ Approx. \$210	\$0
92 (U17)	\$210	³ Approx. \$210	\$0
91 (U18)	\$210	³ Approx. \$210	\$0
Practice Player	\$180	\$0	\$180

¹ These fees are participation fees due the Club and do not include team expenses due upon request to the team manager or designated team representative.

² The fee increases for U10 players for the Spring 2009 season because this age group participates in league play in the spring.

³ The balance due may be slightly higher than \$210 for players on some of the U15-U18 teams depending on the qualifications, credentials, and experience of the coaching staff and the league in which the team participates. The balance due for each team will be announced in early fall.

Amount Enclosed (Due 6/27/08): Amount Enclosed (Due 11/14/08): Amount Enclosed (Due 2/13/09): Donation to Scholarship Fund: Donation to Capital Improvement: Volunteer Buyout (\$20/hour): <p style="text-align: right;">Total:</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Payment is by <u>check only</u> . Please make check payable to <i>Cutters Soccer Club</i> and remit to: <p style="text-align: center;">Cutters Soccer Club 441 S. College Ave. Bloomington, IN 47403</p> <p style="text-align: center;">Please indicate the players name and Team (e.g. 96 Boys Red) on the check.</p> <p style="text-align: center;">Thank you!</p>
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----- Please cut along this line, complete the section below, and enclose with future payment. Thank you. -----

Amount Paid (Due 6/27/08): Amount Enclosed (Due 11/14/08): Amount Enclosed (Due 2/13/09): Donation to Scholarship Fund: Donation to Capital Improvement: Volunteer Buyout (\$20/hour): <p style="text-align: right;">Total (exclude amount paid):</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Payment is by <u>check only</u> . Please make check payable to <i>Cutters Soccer Club</i> and remit to: <p style="text-align: center;">Cutters Soccer Club 441 S. College Ave. Bloomington, IN 47403</p> <p style="text-align: center;">Please indicate the players name and Team (e.g. 96 Boys Red) on the check.</p> <p style="text-align: center;">Thank you!</p>
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Worksheet
Scholarship Applicants Only

	Column A	Column B	Column C
Age Group	Club Fee	¹ Team Exp.	Total
00 (U9)	\$210	\$100	\$310
99 (U10)	\$210	\$100	\$380
98 (U11)	\$320	\$150	\$470
97 (U12)	\$345	\$175	\$520
96 (U13)	\$370	\$200	\$570
95 (U14)	\$395	\$225	\$620
94 (U15)	\$420	\$300	\$720
93 (U16)	\$420	\$300	\$720
92 (U17)	\$420	\$300	\$720
91 (U18)	\$420	\$300	\$720
Practice Only	\$180	\$50	\$230

A full explanation of fees associated with participation in Jr. Cutters & Travel is provided on the Club's website (www.cutterssoccer.org).

A new worksheet (but not a new scholarship application) is due for the Spring 2009 season.

The standard uniform consists of one pair of shorts (approx. \$15), two jerseys (approx. \$25 per jersey) and one pair of socks (approx. \$7). The total cost of the standard uniform is approximately \$72.

¹ The indicated amounts for team expenses are only estimates, but they are the maximum amounts that are reimbursable for scholarship recipients; therefore, they are probably higher than that which will actually be collected for most teams.

To Be Completed by Applicant	
Item	Amount
Line 1 (Column C):	\$
Line 2 (estimate of anticipated uniform expense):	\$
Line 3 (sum of Lines 1 & 2):	\$
Line 4 (maximum amount you are able to afford):	\$
Please remit a check made payable to "Cutters Soccer Club" for the amount indicated on Line 4, attach it to this worksheet and a scholarship application, and mail by June 27 to the following address: Cutters Soccer Club; 441 S. College Ave.; Bloomington, IN 47403. (Note: The Club reserves the right to invoice for an additional payment depending on the number of scholarship recipients, the availability of scholarship funds, and the qualifications of the applicant. Additional invoices - if necessary - will be mailed prior to the start of the season.)	

Office Use Only	
Item	Amount
Line 5 (actual Team Fee):	
Line 6 (actual uniform expense):	
Line 7 (sum of Lines 5 & 6):	
Line 8 (subtract Line 4 from Line 7):	
Line 9 (sum of Line 8 & Column A):	
Line 10 (amount of additional invoice):	
Line 11 (subtract Line 10 from Line 9):	
The Club will pay the amount indicated on Line 7 to the team manager or designated team representative. The team manager or designated team representative will pay for the applicant's uniform and Team Fee.	
The amount indicated on Line 11 is the amount of the scholarship award.	
The Club will make every attempt to maintain confidentiality and limit knowledge of your scholarship status to the Scholarship Committee for the Club, the scholarship committees of leagues that grant scholarships, and the team manager and/or designated team representative.	

SCHOLARSHIP APPLICATION

Fall 2008/Spring 2009 Seasons

This application (**along with a worksheet and payment**) is due by June 27, 2008 for U9-U18 players. It is an application for assistance for U9-U14 players for the fall and spring seasons and for U15-U18 players for the spring season. A new worksheet and payment (but not a new scholarship application) is due by February 13, 2009 for U9-U14 players for the spring season.

GENERAL INFORMATION

Date: _____ Have You Requested Aid Before? Yes/No If Yes, What Was Last Amount Received? _____
For Which Season Are You Requesting Assistance? Fall/Spring Year: _____ # of Seasons With Club: _____
Primary Team: _____ Age Level: _____ Secondary Team: _____ Age Level: _____
Name of Applicant: _____ Name(s) of Parent(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail Address: _____
Name of Person Completing Form: _____ E-Mail Address: _____

FAMILY FINANCIAL INFORMATION

Maximum Amount You are Able to Afford (Line 4 on Worksheet): _____ Do You Own or Rent Your Home? _____
Number of Wage Earners in Household: _____ Is Primary Wage Earner Employed Full-Time or Part-Time? _____
Unemployment Received? Yes/No Other Financial Support Received? Yes/No Total Household Income: _____
Living in the Household are _____ Adults, _____ School-Aged Children, and _____ Children Under School Age
Do You Qualify for Free or Reduced Lunch Program? Yes/No Food Stamps? Yes/No Other Assistance? Yes/No
If Yes to One or More of the Above Questions, Please Provide Details: _____

Briefly Describe Why Financial Aid is Being Requested (Continue on Back if Necessary): _____

The Club will make every attempt to maintain confidentiality and limit knowledge of your scholarship status to the Scholarship Committee for the Club, the scholarship committees of leagues that grant scholarships, and the team manager and/or designated team representative.

Signature: _____ Date: _____