



AC Cugini

P.O. Box 165

Great Falls, VA 22066

Questions? Call 866.792.9433 or email: info@cuginisoccer.com

www.cuginisoccer.com



Pulcini Coed House League (Ages 6-9) Spring 2015 Registration – Saturdays: April 11 - June 6 *All sections must be completed*

Player's first name _____ Last name _____ Date of birth _____

Street address _____ City _____ Zipcode _____

Mother's name _____ Father's name _____

Home telephone # _____ Mother cell# _____ Father cell# _____

Email address *(required)* _____ Emergency contact name & telephone # _____

Known medical issues, allergies _____ Doctor's telephone # _____

Is player covered by insurance? Yes No

Insurance company _____ Policy# _____ Policy holder's name _____

Registration Fees: *(please select correct fee below based on player's home address/residency)*

Fairfax County Resident Standard Fee - \$100

Is player's home address in Fairfax County? YES NO *(if no, you must pay \$130 non-resident fee below)*

NON Fairfax County Resident Standard Fee - \$130

\$35 Scholarship Fee *(Available to Fairfax County residents ONLY)*

Parent or legal guardian must complete ALL sections below regarding child on this registration to be considered for a scholarship:

Is this child a resident of Fairfax County? YES NO

Is this child CURRENTLY RECEIVING assistance from any of the following programs:

- Free or Reduced School Lunch in a Fairfax County Public School YES NO
- Temporary Assistance for Needy Families (TANF) YES NO
- Aid for Dependent Children YES NO
- Medicaid YES NO

Has any member of your family been denied a scholarship or broken a scholarship agreement with Cugini Soccer? YES NO

Do you commit to making sure your child attends all practices and games? YES NO

Amount Paid: \$ _____

Medical Release & Liability Waiver *(must be signed and dated by player's parent or guardian)*

As parent/guardian of player named on this registration, I certify that he/she is covered my medical insurance and is in excellent health and has no physical, mental, or emotional problems which are likely to prevent participation in strenuous activities. I hereby give my approval for above player to participate in all activities of Cugini Soccer, AC Cugini Scuola Calcio, including but not limited to practices, games, tournaments, camps, clinics, and any other activity associated with Cugini Soccer Club, AC Cugini Scuola Calcio. I assume all risks and hazards incidental to the conduct of soccer-related activities including transportation to and from all Cugini Soccer/AC Cugini-related activities. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry and certify that above player is covered by medical insurance. I further hereby release, indemnify and agree to hold harmless Cugini Soccer, AC Cugini Scuola Calcio, and its officers, directors, agents, sponsors, volunteers, and other staff from any claim, suit, demand, or action arising out of injury to above player or my family's involvement as Cugini Soccer/ AC Cugini Scuola Calcio members. I acknowledge that I have read, understand, and accept all published AC Cugini Soccer policies (including the Cugini Code of Conduct) and this waiver and release. I also understand there are no refunds once payment has been submitted. If my child is granted a scholarship and chooses to leave a Cugini team before the season ends, I agree to reimburse Cugini for fees that equal the established standard registration fee. I understand this is a release of liability and I give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian name: *(print)* _____

Parent or Guardian signature _____ Date _____

Do Not Write Below this Line - For Cugini Soccer Official Use Only

Scholarship awarded? YES NO More information required Cugini Soccer Official's Signature _____ Date _____