

# CAMPBELL COUNTY NORTH SOCCER CLUB

## FALL 2010 U6 SOCCER REGISTRATION

<http://eteamz.active.com/ccnsoccer>

Member Club of Kentucky Youth Soccer Association (KYSA)  
Founding Member Club of the United Soccer Alliance (USA)

**Cost:** **\$ 40.00**

**U6 birth dates** **8/1/2004 – 7/31/2006**

**Registration Deadline:** August 6, 2010

**Checks Payable to:** CCNSC

**Mail to:** Campbell County North Soccer Club  
P.O. Box 75182  
Fort Thomas, KY 41075

New players to the CCNSC must provide a copy of a valid birth certificate with their registration form. The U6 program will be played on Sunday afternoons. The league consists of a practice followed by a game. It runs 6 weeks beginning after Labor Day. Teams will be determined in mid August and players will be contacted by their coach. The league requires that all players have shin guards. Cleats are optional.

Interested head coach or assistant coach, should complete the back of this form and return it along with your registration.

Player's Name: \_\_\_\_\_ Player's Birth date: \_\_\_/\_\_\_/\_\_\_ Sex (M / F)

Player's Spring 2010 Coach: \_\_\_\_\_ Player's Fall 2010 School: \_\_\_\_\_

Last 4 Digits of child's Social Security Number \_\_\_\_\_ T-Shirts Size for player: YM YL AS AM AL

Player's medical conditions \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home phone Number: (859) \_\_\_\_\_ Home phone Number: (859) \_\_\_\_\_

Cell phone Number:( ) \_\_\_\_\_ Cell phone Number:( ) \_\_\_\_\_

Email Address(s) \_\_\_\_\_ Email Address(s) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I am able to pay \$ \_\_\_\_\_ towards the \$40 soccer registration fee; and I request a scholarship for the balance to be paid by the CCNSC.  
\_\_\_ I am enclosing an additional \$ \_\_\_\_\_ to help fund the CCNSC scholarship program.