



COLORADO FUSION SOCCER CLUB

U4 SOCCER PROGRAM - FAB 4'S
7808 Cherry Creek South Drive, Suite 401
Denver, Colorado 80231
Phone (303) 399-5858 Fax (303) 399-5862
WWW.COLORADOFUSION.ORG

**NO
REFUNDS**

Player Information: _____ Location Assigned to: _____

(office use only)

Location Preference: ___Aurora (Sat. afternoon) ___Denver (Sat. morning) ___Denver (Tues. evening)

Player's Name: _____ Male Female Date of Birth: _____
Last First Circle one

Address: _____
Street City Zip

Home Phone: _____ E-mail Address _____

Player Information:

Mother's Name _____ Work Phone: _____ Cell Phone: _____

Father's Name _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Information: (an individual that can be contacted in case of emergency when you are not available)

Name _____ Phone: _____ Relationship: _____

LIST ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT THIS PLAYER (Asthma, diabetes, allergies)

Parental Acknowledgements and Agreements

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Colorado Fusion Soccer Club (CFSC), the Colorado Youth Soccer (CYS), the United States Youth Soccer Association (USYSA), and their affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer, and in consideration for CFSC, CYS and USYSA accepting the registrant for their soccer programs and activities (the "Programs"), I hereby release, discharge and or otherwise indemnify the CFSC, CYS, USYSA, it's affiliated organizations and sponsors, their employees and associated personnel (whether paid or volunteer), as well as the owners of fields and facilities utilized for the programs, against any claim by or on the 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.

- As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, Emergency Medical Technician or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve life, limb, and well-being of my dependent.
- I hereby represent and certify that the age of registrant listed above is correct and that the registrant is physically fit to engage in the demanding contact sport of soccer.
- I represent that I am the parent or legal guardian of the above-named registrant and that I have read and understand the above statements.
- I hereby acknowledge that I have read and agree to abide by the Colorado Fusion Code of Conduct as outlined on the back of this application form.
- I give my permission to CFSC to film and photograph my child's image and to display it in various forms of media (website, newsletters, advertisements, etc.).

ACKNOWLEDGED AND AGREED: X _____ DATE: _____

PARENTAL SUPPORT—

I will volunteer for the following role:

___ Coach ___ Asst. Coach ___ Team Manager

___ Referee ___ Field Marshall ___ Field Set Up

___ Other ___ Event Support (tournaments, etc)

Please note any food allergies:



FAB 4'S DEVELOPMENTAL FEES

FOR PLAYERS BORN BETWEEN 8-1-06 and 7-31-07
Fall 10 season \$80 Fall 10/ Spring 11 \$125

Parents are required to attend and stay for the entire session.

Please provide a copy of player's birth certificate when registering.

Office Use Only:

Received _____

Check # _____

Cash _____

CC _____

B/C _____

Data _____

Registration Deadline:

Fall - September 1

THERE WILL BE A \$20 SURCHARGE FOR RETURNED CHECKS

(Need based grants are available—call the office for form)

We accept all credit cards including debit cards. ___VISA ___Mastercard ___Discover ___American Express

Account: _____/_____/_____/_____ Expiration Date: _____ Name on Card: _____

The Colorado Fusion would welcome your optional tax deductible gift in the amount of: \$ _____

REGISTRATION

Every registration and fee turned in after the general registration deadline will be waitlisted on a first come, first served basis. Late registrations will not be guaranteed a place on their previous team. Fall deadline – July 9th; Spring deadline – February 4th. A \$25 late fee will be assessed for all registrations received after the deadline date. **There will be a \$20 surcharge for returned checks.**

GRANTS

Need-based grants are available. A written grant application must be made by the parent / guardian and must accompany this registration. It will be reviewed by the Grant Committee for further action. Colorado Fusion wishes to have all children be able to play soccer if they desire to commit to the program. **Please attach a \$25 application fee with your request that will be applied to your overall balance.** Please contact the Colorado Fusion office or check the website for a grant request form.

REFUND POLICY

It is the policy of Colorado Fusion to refund registration fees only if the player moves out of the club's playing area or if the child is unable to participate due to injury or illness as documented by a physician, prior to the start of the season. If Colorado Fusion is unable to place your child on a team, a full refund will be issued. All refund requests must be in writing.

PROOF OF BIRTH

A copy of the child's birth certificate or passport must be attached to every new player registration.

BIRTH DATE CHART – FALL 2010 / SPRING 2011

Age groups are determined on the chart by the Colorado Youth Soccer Organization - CYS

Players may request to "play up" but require the approval of the program director.

Players are not allowed to "play down" in a younger age division.

U04 August 1, 2006 through July 31, 2007	U11 August 1, 1999 through July 31, 2000
U05 August 1, 2005 through July 31, 2006	U12 August 1, 1998 through July 31, 1999
U06 August 1, 2004 through July 31, 2005	U13 August 1, 1997 through July 31, 1998
U07 August 1, 2003 through July 31, 2004	U14 August 1, 1996 through July 31, 1997
U08 August 1, 2002 through July 31, 2003	U15 August 1, 1995 through July 31, 1996
U09 August 1, 2001 through July 31, 2002	U16 August 1, 1994 through July 31, 1995
U10 August 1, 2000 through July 31, 2001	U17 August 1, 1993 through July 31, 1994
	U18 August 1, 1992 through July 31, 1993

CODES OF CONDUCT

Youth soccer is for the players. All parents associated with the Colorado Fusion are invited to share in the pleasure of watching their children participate in the world's most popular sport so long as their behavior does not distract the players and officials from the free flow of play which is the trademark of the sport.

A parent should:

- Foster an environment of respect for referees, players, coaches and spectators of the opposing team through words of encouragement and support.
- Applaud superior play, effort and sportsmanship by players on both teams.
- Support your coaches and managers consistently regardless of the results on the field. Coaches are volunteers who contribute many hours of their time to your children. They deserve your congratulations when the team wins and your encouragement when the team doesn't. Communicate any concerns to the coach at the appropriate time (recommended 24 hour cool off period) away from the playing location and players.
- Always remain at least two yards from the playing field so our young players have room to play and enjoy the game.

Your cooperation with these standards before, during and after each game or practice will make Colorado Fusion soccer more enjoyable for everyone.

A parent must:

- Never use foul language or obscene gestures at a game or practice site.
- Avoid comments and gestures that express disagreement with referee decisions.
- Cooperate with any request by the game officials.
- Never consume alcoholic beverages on the field location at practices or games.

A parent understands that:

- Any parent or spectator who fails to adhere to these standards will be required to leave the playing area, and play will be suspended until he or she does so.
- The Colorado Fusion reserves the right to suspend or terminate a player's enrollment for his or her parent's persistent or extreme sideline misbehavior, and there will be no refunds of player fees in such cases.
- They will be responsible for their guests' behavior and must inform their guests of the applicable rules of conduct.

CONFLICT RESOLUTION WITH THE COLORADO FUSION

1. Complaints regarding Colorado Fusion coaches, assistant coaches and or managers should be addressed with the head coach. If resolution is not satisfactory, document your concerns in writing to the attention of the appropriate program director.
2. Concerns regarding your child's team should be addressed directly with your child's coach or assistant coach at a proper time and place. If resolution is not satisfactory, document your concerns in writing to the attention of the appropriate program director.
3. If after following the appropriate measures as listed in #1 and #2 above, and resolution is not satisfactory, document your concerns in writing to the attention of the Colorado Fusion Executive Director.
4. Complaints and concerns regarding Colorado Fusion's player development policies, programs and coaching staff should be documented in writing and sent to the attention of the Colorado Fusion Executive Director.
5. Complaints and concerns regarding Colorado Fusion's administrative policies should be documented in writing and sent to the attention of the Colorado Fusion Executive Director.
6. Any breaches of the above standards of conduct can result in your child's suspension and a member's removal from the Colorado Fusion. Comments and behavior of any member, which contradict the mission statement, or disrupt the functioning of a team of the Colorado Fusion can result in the suspension and/or removal from the Colorado Fusion.

FOR MORE INFORMATION on the Colorado Fusion, please refer to our website www.coloradofusion.org or call our office at (303) 399-5858.