



Our Mission: Cato Soccer is dedicated to providing a quality soccer experience for our community by:

- Teaching the skills and fundamentals of the game.
- Encouraging teamwork, respect and sportsmanship.
- Organizing leadership for all levels of play.
- Maintaining a fun, safe, and positive environment.

**BOARD MEMBERS**

TERRY BEZNER  
LARRY KRISTELLER  
TRACEY PEREZ  
DONNA MINER  
DAN PEREZ  
WENDY HOUSE  
MIKE LAFORCE  
JANET FORD

P.O. BOX 420  
Cato. NY 13033

www.catosoccer.com

<u>Fall 2010</u>	<u>Birthdates</u>	<u>Costs</u>
U6	8/1/04-7/31/05	\$40
U8	8/1/02-7/31/04	\$40
U10	8/1/00-7/31/02	\$40
U12/U14	8/1/96-7/31/00	\$40

<u>Shirt Sizes/Circle One</u>	
Youth S (6/8)	Mens Small
Youth M (10/12)	Mens Med
Youth L (14/16)	Mens Large
	Mens XLarge

Child's First name: \_\_\_\_\_ Last \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ # of years played: \_\_\_\_\_ Male or Female  
 Name of Parent/Legal Guardian (please print) \_\_\_\_\_

**2010 SPONSORS**

Byrne Dairy  
Cartwright Construction  
Cato Family Diner  
Cato Hardware  
Dudley Water  
Greene Ivy Florist  
LaForce Drywall  
Performance Physical Therapy  
Ray's Machine Works  
RLS Structures  
Sun Harvest Realty  
Taber Motors  
Terry's Food Mart  
Venture Brokerage

**THANK YOU!**

For more information  
contact Terry  
Bezner 440-0613

**I, the parent/guardian** of the registrant, a minor, agree, that the registrant and I will abide by the rules of CYS and CIMARF, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify CIMARF and CYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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.

**Signature:** \* \_\_\_\_\_

**\*Code of Conduct –**  
all Players, Parents, Officers, Executive Board Members, Coordinators, Coaches, and Referee's are expected to behave in a manner that abides by the Cato Youth Soccer Mission Statement. Inappropriate conduct will not be tolerated.  
\*By registering my child, we agree to abide to this code.

**Hospital Coverage for the Above Named Minor**

**Consent for Medical Treatment:** As the parent or legal guardian of the above-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, limb or well being of my dependent.

**Signature:** \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Any known medical problems or limitations for above player:  
 \_\_\_\_\_  
 \_\_\_\_\_

**In Case of Emergency,** and I can't be reached call:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**OFFICE USE:**

Date \_\_\_/\_\_\_/10 Payment:\$ \_\_\_\_\_  
 Cash \_\_\_\_\_ Check# \_\_\_\_\_