



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, sportsmanship and respect.
- 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

<u>Spring 2010</u>	<u>Birthdates</u>	<u>Costs</u>
U6 Coed	8/1/03-7/31/05	\$40
U8 Coed	8/1/01-7/31/03	\$40
U10 Boys	8/1/99-7/31/01	\$40
U10 Girls	8/1/99-7/31/01	\$40
U12/U14 Boys	8/1/95-7/31/99	\$40
U12/U14 Girls	8/1/95-7/31/99	\$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 _____ Male or Female _____

Name of Parent/Legal Guardian (please print) _____

In Case of Emergency, call: Name: _____

Phone: _____ Relationship: _____

2009 SPONSORS

- Bad Husbands Club
- Cartwright Construction
- Cato Family Diner
- Cato Hardware
- Dudley Water
- Greene Ivy Florist
- Hayward Baker
- LaForce Drywall
- Performance Physical Therapy
- Ray's Machine Works
- RLS Structures
- Serafini Paving
- Sun Harvest Realty
- Taber Motors
- Terry's Food Mart
- VanDoren's Auto Body
- Venture Brokerage
- WeCare Organics
- Yager Plumbing

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, and it's affiliated organizations. 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 of 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:

OFFICE USE:

Date ___/___/10 Payment: \$ _____

Cash _____ Check# _____