



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

www.catosoccer.com

P.O. BOX 420
 Cato, NY 13033

<u>Spring 2012</u>	<u>Birthdates</u>	<u>Costs</u>
U6 coed	8/1/05-7/31/07	\$45
U8 coed	8/1/03-7/31/05	\$45
U10 coed	8/1/01-7/31/03	\$45
U12/U14 boys or girls	8/1/97-7/31/01	\$45

<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 _____
 Preferred number to reach you at: _____
 Date of Birth _____ Male or Female _____
 Name of Parent/Legal Guardian (please print) _____
In Case of Emergency, call: Name: _____
 Phone: _____ Relationship: _____

EMAIL for coach to contact you
 (print VERY clearly) _____

2011 SPONSORS

- Byrne Dairy
- Cartwright Construction
- Cato Hardware
- Dudley Water
- Greene Ivy Florist
- Keysor Funeral Home
- LaForce Drywall
- Performance Physical Therapy
- Ray's Machine Works
- RLS Structures
- Serafini Paving
- Sun Harvest Realty
- Taber Motors
- Terry's Food Mart
- WeCare Organics

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:

OFFICE USE:
 Date ___/___/12 Payment:\$ _____
 Cash _____ Check# _____