



# COLORADO HAWKS SOCCER CLUB

[www.cohawkssoccer.com](http://www.cohawkssoccer.com), [info@cohawkssoccer.com](mailto:info@cohawkssoccer.com)

Ph: 720-343-0720

New Players require a copy of state birth certificate or passport



Player's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Spring '22 season's coach \_\_\_\_\_

Does your employer have a matching gift program?  
Y\_\_\_\_ N\_\_\_\_

## RELEASE AND WAIVERS

I, the parent, guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations 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 and/or being transported to or from the same, which transportation I hereby authorize. I understand that Colorado Hawks Soccer reserves the right to use any and all photographs taken of my child in training, practice and other Colorado Hawks functions in marketing, branding and promotional campaigns.

## CODES OF CONDUCT AND REFUND POLICY

1. Comments that are negative in nature will not be directed toward any referee, opposing player or team members; 2. Complaints regarding Coaches/Assistant Coaches should be addressed directly with the individual involved. If resolution is not satisfactory, document your concerns in writing to the attention of the Director of Coaching 3. Concerns regarding your child's team should be directly addressed with your child's Coach/Assistant Coach at a proper time and place. Please do not discuss issues during games. If resolution is not satisfactory, document your concerns in writing to the attention of the Director of Coaching. 4. The highest standards of sportsmanship will be evident at all functions. Any negative behaviors, which include but are not limited to: spitting, derogatory comments directed at opposing players, refusal to shake hands at the ends of games, throwing of objects, can result in a child's suspension from the next CO Hawks event (game, tournament play, etc...) 5. Concerns regarding CO Hawks should be documented in writing and sent to CO Hawks, attention Director of Coaching. 6. Any breaches of the above standards of conduct can result in your child's suspension and a member's removal from CO Hawks. Comments and behaviors of any member, which contradict the mission statement, disruption the functioning of a team or CO Hawks can result in suspension and/or removal from CO Hawks, on the recommendation of the Director of Coaching and the Board of Directors.

**REFUND POLICY: CO Hawks refunds registration fees only if you move out of the County prior to the start of the season or if the child is unable to participate due to injury or illness as documented by a physician. \* No refunds, credits or fee transfers will be allowed for any other reasons. Refunds granted are subject to a \$15.00 handling fee. If we are unable to honor a special request, there will be no refund. Conflicts with practice schedules are not grounds for refunds. If CO Hawks are unable to place your child on a team, a full refund will be issued. No refunds will be granted after the third scheduled game of the season. - Refund requests due to injury must be made within 2 weeks of injury or illness and must have a doctor's note included. No reimbursements on games canceled due to weather, acts of God or forfeits of opposing teams.**

I have read and agree to the Release and Waivers, Code of Conduct and Refund Policy:  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Developmental</b> 7 or 8 games per season	
<b>Age</b>	<b>Y.O.B.</b>
U7 - U8	2016 & 2015
U9 - U10	2014 & 2013
U11 & older,	2012 & Up
	<b>\$280 Per Season</b>
<b>Option 1, Intermediate</b> 8 or 9 games per season	
U9 & older	<b>\$280 Per Season</b>
<b>Competitive</b>	
U11 -14	<b>\$815</b>
U15 -18	<b>\$680</b>
Fee is for both fall and spring for U11-U14 and is a one year commitment. All payments received after the registration deadline for all age groups will be accessed a \$25 late fee	

### FEES OVERVIEW

**Registration**  
(new players require copy of Birth Cert. or passport)

\$ \_\_\_\_\_

**Annual Campaign donation**

\$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Payment can be made by check to CO Hawks or Visa/Master Card

Credit Card # \_\_\_\_\_

Exp \_\_\_\_\_

Name on Card \_\_\_\_\_

Date \_\_\_\_\_

For office use only  
Birth Certificate  
Date Received  
Amount  
Check #  
Credit Card Ticket #  
Date