



COLORADO HAWKS SOCCER CLUB

www.cohawkssoccer.com, 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 # _____ Father's Employer & Occupation _____

Mother's Name _____ Mother's Cell # _____ Mother's Employer & Occupation _____

Siblings registered _____ Which track / traditional? _____ Did you play in the Spring '16 ? _____

Public school closest to your house/School Attending: _____ Grade _____

Spring '16 season's coach _____ # of seasons of soccer experience _____

Coach Preference or special request (i.e. another player- Practice request can **not** be considered) **NOT GUARANTEED:** _____

Does your employer have a matching gift program?
Y _____ N _____

Volunteer Roles: Head Coaches will receive a credit on their child's account for one season. Only one child's registration fee per team will be credited. All other volunteer roles are appreciated by as well as the team but will not be credited in any way.

1ST Choice _____

2nd Choice _____

3rd Choice _____

- 1. Coach – Direct instruction of team. Chooses practice night and time. Required to complete Volunteer Disclosure and attend Coach Meeting.**
- 2. Assistant Coach – Provides support for head coach. One per U5-U8 team. Two for U9 and older teams. Appointed by Head Coach.**
- 3. Team Parent- Administrative support for team. One per team. Appointed by Head Coach.**
- 4. U7-U8 Game Facilitator – Must complete and pass free training. U7 and U8 teams only.**
- 5. U9 & Older Game Official – Must complete and pass free training. U9 and older teams only.**

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 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, 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 is 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: _____

Developmental 7 or 8 games per season

Age	D.O.B.	by Aug 1	
U7 & U8	8/01/04-7/31/06	\$235	Per Season
U9 –U10	8/01/02-7/31/04	\$235	Per Season
U11 & older,	8/01/97-7/31/02	\$235	Per Season

Option 1, Intermediate 8 or 9 games per season

U9 - & older by Aug 20th
\$235 Per Season

Competitive

U11 -14	\$600
U15 -18	\$465

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

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 _____

Data Entry

Credit Card Ticket #

Check #

Amount

Date Received

Birth Certificate

For office use only