

CEDAR SPLINTERS SOCCER CLUB

FALL 2010 SEASON



Founded in 1973, Cedar Splinters Soccer Club (CSSC) is a recreational soccer club that invites all K-8th grade girls and boys living within the school boundaries of **Ridgewood**, **Barnes**, and **William Walker** elementary schools to participate in this year's Fall recreational soccer league. CSSC offers the following programs:

MICRO: A coed introductory program for K and 1st grade boys and girls. Teams typically practice once per week starting in late August and play against other CSSC teams on Saturdays. Games start after Labor Day.

U8-U14: Teams are formed based on age and gender (see chart below) and typically practice twice per week starting in mid-August. Games start after Labor Day and are played against other Tualatin Hills Junior Soccer League clubs (www.THJSL.org).

Age Group	Age on 7/31/10	Typical Grade	Ball Size	Game Format	Game Length	Goalie?
MICRO	5 – 6	K – 1 st	#3	(3 v 3) x2	20min (x2)	No
U8	7	2 nd	#3	(4 v 4) x2	20min (x2)	No
U9	8	3 rd	#4	6 v 6	50 min	Yes
U10	9	4 th	#4	8 v 8	50 min	Yes
U11	10	5 th	#4	8 v 8	60 min	Yes
U12	11	6 th	#4	11 v 11	60 min	Yes
U13	12	7 th	#5	11 v 11	70 min	Yes
U14	13	8 th	#5	11 v 11	70 min	Yes

Locations: Games are played on fields throughout the Beaverton area. Practice fields are near the following facilities: Barnes, William Walker, Ridgewood, Cedar Park Middle School, and Cedar Hills Recreation Center.

Equipment: For U8-U14, CSSC provides a uniform (jersey, shorts, and socks) for use during the season. Players need soccer shoes, shin guards, and a water bottle. For MICRO, a T-shirt uniform will be provided. MICRO players will need shin guards and a water bottle.

Volunteer: CSSC is a volunteer run organization. Whether coaching, serving on our board, or as a team manager, your involvement helps provide children with a rewarding and positive team sport experience. If interested in volunteering, please contact President@CedarSplintersSoccer.com.

Registration Fees	Early	(March 29 th – June 1 st)	Micro	\$70	U8-U14	\$80
	Regular	(June 2 nd – July 15 th).....	Micro	\$80	U8-U14	\$90
	Late	(July 16 th – Sept 1 st).....	Micro	\$90	U8-U14	\$100

- Age groups will close when filled, so register early to ensure placement.
- Financial assistance is available (see registration form on back).

If you are unable to register on-line, please complete registration form (on back) and mail completed form along with your payment to CSSC, 2850 SW Cedar Hills Blvd, #300, Beaverton, Oregon 97005.

The Beaverton School District does not sponsor or endorse the activities and/or information in community flyers.

Questions: Voicemail, 503-672-9264, x439
 General Club Info & Volunteer OpportunitiesPresident@CedarSplintersSoccer.com
 RegistrationRegistrar@CedarSplintersSoccer.com
 Coaching.....Headcoach@CedarSplintersSoccer.com

Register NOW at www.CedarSplintersSoccer.com

Cedar Splinters Soccer Registration Form



Register on-line at www.CedarSplintersSoccer.com. If you are unable to register on-line, mail this form and payment to: CSSC, 2850 SW Cedar Hills Blvd, #300, Beaverton, OR 97005

Inscribe en www.CedarSplintersSoccer.com. Si no puede inscribirse en el internet, envía esta forma y el pago a: CSSC, 2850 SW Cedar Hills Blvd, #300, Beaverton, OR 97005

Player's Name _____ (Nombre)	Date of Birth ____/____/____ (Fecha de Nacimiento)	Age on 7/31/10 _____ (Edad en 7/31/10)
Gender M / F (Género)	School/Grade _____ (Escuela/Grado)	Coach/Teammate _____ (Entrenador/Compañero-a de equipo) Not guaranteed
Address _____ (Dirección)	City _____ (Ciudad)	Home Phone _____ (Teléfono de casa)
Parent/Guardian _____ (Padre/Tutor legal)	Mobile Phone _____ (Teléfono movil)	
E-mail Address _____ (Correo electrónico)	Tualatin Hills Parks & Rec # _____ (Número de identificación de Tualatin Hills Parks y Rec)	
Emergency Contact, non-parent _____ (Persona de contacto en caso de emergencia, no puede ser los padres)	Phone _____ (Teléfono)	Relation _____ (Relación)
Medical conditions, allergies, chronic illnesses of which the coach should be aware. If none, write NONE: (Condiciones médicas, alergias, o enfermedades crónicas de los cuales el entrenador debe saber. Si no, escriba NINGUNO)		

Fees (Honorarios)	Early (March 29 th – June 1 st) <input type="checkbox"/> \$70 Micro <input type="checkbox"/> \$80 U8-U14	Regular (June 2 nd – July 15 th) <input type="checkbox"/> \$80 Micro <input type="checkbox"/> \$90 U8-U14	Late (July 16 th – Sept 1 st) <input type="checkbox"/> \$90 Micro <input type="checkbox"/> \$100 U8-U14
----------------------	--	---	---

Financial Aid (Ayuda Financiera): **Check this box if you are requesting financial aid.**
(Marque esta cajita si necesita ayuda financiera)

Cedar Splinters Soccer offers a limited number of partial grants that reduce the fee to \$25 per player. These grants are intended for those who would qualify for free or reduced lunch through his/her school and are available on a first come, first serve basis. To apply, mail this completed form and a check for \$25 to our office. If aid is unavailable, we will notify you within two weeks of receipt and your \$25 will be returned. If you need additional assistance to cover the \$25 fee, Family Assistance is available if you live in the Tualatin Hills Park & Recreation District (THPRD). To apply or for info, call THPRD at 503-645-6433.

Cedar Splinters Soccer ofrece un número limitado de becas parciales que reducen el honorario a \$25 por jugador. Estas becas son para las personas elegibles para el almuerzo gratis o reducido en la escuela y están disponibles por orden de llegada. Para aplicar, envía esta forma relleno y un cheque de \$25 a nuestra oficina. Si las becas no son disponibles, nosotros le notificaremos dentro de dos semanas después de recibir el dinero y devolveremos su dinero. Si necesita ayuda adicional para cubrir el honorario de \$25, ayuda adicional está disponible si usted vive en Tualatin Hills Parks y Recreation District (THPRD). Para aplicar o para más información, llame a THPRD en 503-645-6433.

Medical Release (Permiso médico):
As a parent/guardian, I hereby authorize my child _____ to participate in Cedar Splinters Soccer Club. In case of emergency, I hereby authorize medical treatment by any available physician at any medical treatment facility.

Signature _____ Date _____

Yo, el padre/la madre/el tutor legal autorizo a mi hijo(a) _____ para paticipar en el Club de Cedar Splinters. En caso de emergencia, yo autorizo la atención médica de caulquier médico disponible en cualquier hostpital disponible.

Firma _____ Fecha _____