



# Caroline Soccer Program Fall 2022

*We're getting ready for another great season of soccer!*

*Soccer at Caroline is a **parent volunteer** run program. Our primary goals are to have fun, and develop basic soccer skills in a non-competitive environment. It's a wonderful way to get to know other students and their families!*

Amy Cardace will be the coordinator of the Caroline Soccer Program this year. If you have any questions or need assistance, please don't hesitate to call her at (530) 902-3294, or email her at [amycardace@gmail.com](mailto:amycardace@gmail.com).

## **Registration and Schedule:**

The deadline for registration is **Tuesday September 13th, 2022**. A practice/scrimmage will be held at Caroline Elementary Fields on **Sunday September, 18th, 1pm, for all teams**. This will be the first chance for players and coaches to meet one another and practice/scrimmage. Practices will begin the week of **Sept. 19th** at Caroline in the early evening hours. Games will be played on **Sundays at 1:00pm (for level K-1), 1:30pm (for level 2-3) and 2:00pm (for level 4-5)** and this year will be held on: **Sept 25-Nov 6**. All games on **Nov.6**, will begin at **1pm**. Plan for one practice and one game a week.

## **Equipment:**

Shin guards are mandatory for all games and practice sessions. BALL: (recommended) K/1 & 2/3 -- size 3 soccer ball, 4/5 -- size 4 soccer ball. CSA has balls for practice and games. Sneakers and soccer cleats are acceptable footwear. A limited number of cleats and shinguards are available to borrow. Contact Rachel Ash at [rachelperisash@gmail.com](mailto:rachelperisash@gmail.com) to inquire. *Included in the cost of the program is a soccer shirt for your child. Please have them wear these to all games.*

## **Cost:**

The program fee is \$25.00 for first child, \$20 for the second and \$15 for each additional. The fee covers the program expenses (shirts, referees, equipment, field lining, copying, porta-john etc.). The program is open to all youth of elementary age who reside in the Caroline school area. If your family needs a scholarship, please check the appropriate place on the registration form. Donations to the scholarship fund are appreciated.

## **Volunteers / Information:**

The soccer program is **only possible with parent volunteers**. Turnout by parent volunteers has been low for the past several years. **Please consider volunteering to coach a team**. You can do it! No prior experience or knowledge is necessary. Teams are designated by age (K-1, 2-3 and 4-5). If you have questions or need additional information, contact Amy Cardace at (530) 902-3294, or at [amycardace@gmail.com](mailto:amycardace@gmail.com). Amy or Rachel are happy to attend practices and provide guidance and Amy will be coaching one of the grade 2-3 level teams this season. A **Coaches Meeting will be held on Thursday, September 15th at 5:30pm** at the shed near the soccer fields behind Caroline Elementary.

# Caroline Soccer - Fall 2022 Registration Form

## **Registration:**

Please fill out **one form per child** and return to the Caroline Elementary School Office in an envelope marked "*Caroline Soccer.*" **Please return forms by Tuesday September 13th.**

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/s or Guardian/s: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Siblings Playing & Grade: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Shirt Size: YM, YL, AS, AM, AL

The program coordinator will be assigning teams based on grade level. Players will be contacted by their coaches as the teams are confirmed. **Please list preferred practice night and any other considerations.**

\_\_\_\_\_

## **Fees:**

Program Fee (\$25 1<sup>st</sup> child, \$20 2<sup>nd</sup> child, \$15 each additional): \_\_\_\_\_

(shirt will be provided)

Scholarship Donation (Optional): \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Scholarship needed: y / n (Circle)

Please make checks payable to "*Caroline Sports Association, Inc.*"

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## **Volunteers:**

*The Soccer program is only possible with active parent involvement. Please help by listing your name and phone number on a line below. Thank you.*

Coach: \_\_\_\_\_ (phone) \_\_\_\_\_ Grade Level: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ (phone) \_\_\_\_\_ Grade Level: \_\_\_\_\_

Best Practice night (s): \_\_\_\_\_

***COACHES MEETING Thursday Sept 19<sup>th</sup>-6:00 PM at the shed near the soccer fields.***

First Aid: \_\_\_\_\_ (phone) \_\_\_\_\_

Administration: \_\_\_\_\_ (phone) \_\_\_\_\_

E-mail address: \_\_\_\_\_

# Caroline Soccer - Fall 2022 Emergency Medical Care Form

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/s or Guardian/s: \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent email: \_\_\_\_\_

This form allows parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured when parents or guardians cannot be reached.

If attempts to contact me at my **home phone** \_\_\_\_\_, my **work phone** \_\_\_\_\_, or **cell phone (above)** have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by:

\_\_\_\_\_ (physician) at \_\_\_\_\_ (phone)

\_\_\_\_\_ (dentist) at \_\_\_\_\_ (phone)

If the designated practitioners are not available, I give permission for my child to be treated by another licensed physician or dentist. If I cannot be reached during an **emergency**, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

This authorization does not cover major surgery unless the opinions of two other licensed physicians concurring in the necessity for such treatment are obtained prior to surgery. Facts concerning the child's medical history, medication, allergies and physical impairments to which a physician should be alerted are

Signature of Parent/s or Guardian/s:

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Permission:**

I give my permission for my child to participate in the Caroline Youth Soccer Program sponsored by the Caroline Sports Association. We acknowledge that participation in this soccer program entails risks and dangers. I understand there is no supplemental accident insurance coverage provided for participants in the program. We also understand that the presence of qualified instructors does not relieve participants of the responsibility for their own safety. We agree to exercise caution and good judgment throughout the program. Furthermore, I verify that my child has been checked by a licensed physician and is physically able to participate in this program.

Signature of Parent/s or Guardian/s (required):

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_