

Team Registration

For CCC Use Only

Division: _____	Team Name: _____
Fee Due: \$ _____	Coaches Code of Conduct Received: Y / N
Fee Received \$ _____	Players liability forms Received: Y / N
Date Paid: ___/___/___	Team Registered in Division: Y / N
Received by: _____	Team Schedule Set: Y / N
Payment Form: Cash CC Check # _____	

Coach		Assistant Coach	
Name:		Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Street Address:		Street Address:	
City, State, Zip:		City, State Zip:	

Please note: All Coaches and Assistant Coaches must read, sign and submit the Coaches Code of Conduct prior to their first game or they will not be allowed on the sidelines.

Player Name:	Date of Birth	Liability Waiver	Played at the CCC Before?	Players Skill Level
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		Y / N	Y / N	A B C D
		All Players must have a signed waiver on file.	All new players must fill out a player registration form.	A = Advanced B = Skilled C = Recreational D = Beginner