



September 21<sup>st</sup>, 2017

Dear Parents,

On Thursday, September 21<sup>st</sup>, 2017, our after school athletic program will begin the Boys' Soccer season for the upper school (5<sup>th</sup> - 8<sup>th</sup> grades). The goals of the program are to develop each child's athletic potential, to instill a love for the sport, to learn the fundamentals and to develop good sportsmanship. Team schedules will be handed out to the students once they become available. The schedules will also be placed on the outdoor bulletin board across from the baseball field and online at the school's website. Changes made to the schedule and any game-day updates will be sent out via text. If you have any questions please contact Coach Carlos or Coach Jon.

The cost for the program is **\$200**. This fee includes new uniforms, coaches, and trophies. Student-Athletes are also responsible for transportation to all away games. Written parental permission must be turned into the office prior to away games if your child is car-pooling with another parent. Students must also have their athletic physical waiver and registration completed before they are allowed to practice.

The practice schedule will be as follows:

Tuesdays & Thursdays      3:45-4:45 p.m.

Please return the registration form and fee to the office before Thursday, September 28<sup>th</sup>. Every student-athlete must also have a completed athletic physical waiver before they can compete and practice. If you have any questions, please call Adrian Izquierdo.

A handwritten signature in blue ink that reads 'Carol Diaz-Zubieta'.

Carol Diaz-Zubieta  
Upper School Principal



CEA Boys Soccer Registration  
2017 Registration Form

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Teacher: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home phone: \_\_\_\_\_

Primary E-mail (please print clearly) \_\_\_\_\_

Father's work number: \_\_\_\_\_

Father's cellular phone: \_\_\_\_\_

Mother's work number: \_\_\_\_\_

Mother's cellular phone: \_\_\_\_\_

**WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.**

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form to Adrian Izquierdo in the office along with the registration fee of **\$200** by Thursday, September 28<sup>th</sup>, 2017.

OFFICE USE ONLY:

Registration fee: \_\_\_\_\_