



CSA Youth League - Winter 2012

- **10 Weeks**
- **Thursdays 5 – 6pm**
- **For: U11 & U12 boys/girls/co-ed.**
Travel Teams only – 2x27 mins games
- **Dates: 1/5,12,19,26, 2/2,9,16, 3/1,8,15**
- **Fee: \$100 per player /10 weeks**
\$1100 per team: Roster =10-12 Players(recommen

League Agenda and Prizes:

- **CSA league format: Same as EPL**
- **Teams with most points, wins the competition.**
- **1st and 2nd place to be awarded trophies, medals and Replica National Jerseys.**
 - **Adult Certified Referees**
 - **6 Teams only. 1hr games: 6 vs 6 players**

Location: Brewster Sports Center
19 Sutton Place
Brewster, NY 10509
845-278-2040

For more information, please contact Chris Obi: 845 - 282 - 0334

Email: chris@chrisobiacademy.com

Register and pay online @ CSA: www.chrisobiacademy.com



Chris Obi Soccer Academy Youth League - Winter 2012

REGISTRATION FORM

Name of Team: _____

Coach: _____

Address: _____

City, State, Zip: _____

Evening Phone: () _____ Mobile Phone: () _____

Fax: () _____ Email: _____

Roster:

1) _____	7) _____
2) _____	8) _____
3) _____	9) _____
4) _____	10) _____
5) _____	11) _____
6) _____	12) _____

- Make check payable to: *Chris Obi Soccer Academy*
- Please send your completed form with cash or check to:
CSA
1 Indian Wells Road
Brewster, NY 10509
- All players are responsible for their own insurance.

ALL CHECKS ARE NONREFUNDABLE. Disclaimer: I hereby authorize the staff of Brewster Sports Center / CSA to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release Brewster Sports Center and Chris Obi Soccer Academy from any and all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the players' participation, named to the above, in the league as outlined in the information. I also understand that Brewster Sports Center and Chris Obi soccer Academy has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the league fees and refund policies.

Signed: _____ Date: _____

For Office Use: Date: _____ By Whom: _____ Payment Check: _____