



# Fall 2010 Soccer League Information

## “Putting the Fun into Fundamentals!”

### What is SOAR?

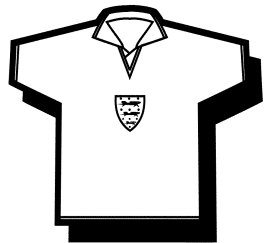
SOAR is AWESOME...

- Allows good, clean fun
- Works to promote character
- Emphasizes sportsmanship at all levels
- Spotlights team building and life skills
- Offers quality skill instruction
- Maximizes individual participation
- Encourages all of its participants

For any child, ages 3 - 18 that enjoys encouragement, positive role models, making friends, learning about the sport of soccer, and having **FUN!**

### SOAR AGE GROUP CHART

- U4** Born after August 1, 2006- age three by Aug 1, 2010
- U5** Born after August 1, 2005- July 31, 2006
- U6** Born after August 1, 2004- July 31, 2005
- U8** Born after August 1, 2002- July 31, 2004
- U10** Born after August 1, 2000 - July 31, 2002
- U12** Born after August 1, 1998- July 31, 2000
- U13** Born after August 1, 1997- July 31, 2000 Boys
- U14** Born after August 1, 1996- July 31, 1998
- HS** Born after August 1, 1992- July 31, 1996 Girls  
Born after August 1, 1992- July 31, 1997 Boys



League fee includes jersey, shorts, socks, end-of-season prize.

HS fee includes name-brand jersey (provide your own shorts and socks), season prize.

### Season Schedule of Events

*(Retain the following schedule and keep for future reference.)*

#### DATES FOR THE FALL SEASON

#### July 26-August 6, 2010\*\*\*

Registration. League cost: \$75 for all players. Discounts apply for children of coaches (Head: \$40, Asst. \$65) \$10 discount for addit. siblings applies down to \$45 fee.

Team requests are honored on a first come, first served basis.

#### SEASON SCHEDULE

Start of Practices: Week of September 6-10  
 First Games, Team Pictures, and Opening Day Activities:  
 September 11  
 Games Scheduled (September 11- October 30)  
 SOAR Sunday 10<sup>th</sup> Anniversary Celebration: October 10  
 SOARFEST: Saturday, October 30  
 Makeup Game Day (November 5)

Practices are held on weeknights (except Wednesdays), and games are held every Saturday morning.



QUESTIONS? Contact Us!

Call 772-0057

e-mail [SOAR@cornerstonesc.org](mailto:SOAR@cornerstonesc.org)  
[www.soarleagues.com](http://www.soarleagues.com)

### GUIDELINES TO ENSURE REGISTRATION

#### **Registration Dates**

\*July 26- August 6: General Registration

#### **Registration Cost**

\*\$75.00 per player

\*Late Registration add \$10/week.

\*A \$10 discount may be applied to each additional sibling's registration fee, min \$45.

\*Scholarships are available. SOAR requires volunteer hours in exchange.

\* \$25 OFF for each business or individual sponsor that you recruit! Contact SOAR for details.

**Note:** No refund requests will be honored after the spring Opening Day other than for medical or relocation reasons.

**Late Registration** accepted if spots available.

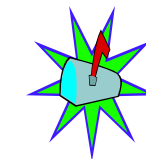


Checks must be made payable to "SOAR". (Applications will not be processed without receipt of correct payment.)



The SOAR office must have a copy of each player's birth certificate or passport on file. If you have submitted it in a prior season, you do not need to resubmit. Players must be the age of 3.

\*\*\*Registrations may be mailed or dropped by the Cornerstone Church Office.



Mail the registration to:  
SOAR  
5637 Bush River Road  
Columbia, SC 29212

\*\*\*Due to team size limitations, registrations will be accepted on a first-come, first-served basis until teams are full. Submission of a registration form, in person or by mail, does not guarantee a spot.



# Fall 2010 Soccer Registration

**\*This document may be duplicated for your use\***

(One registration form per player)

## Player Info

Player's Last Name      First Name      Goes By

Birth Date      \*Age      Male/Female

**\*Child must be 3 by August 1, 2010\***

Enclosed with this form:      Copy of Birth Certificate     

Height      Weight

Address

City      State      Zip Code

Home Phone      Emergency Contact & Phone

## Skills Information

Number of seasons child has played league soccer: \_\_\_\_\_

## League Information

\*Depending on number of players in the league, a U12 and U14 Boys league may be formed.

Please circle the appropriate league (*see first page*) for your soccer player:

Coed U4      Coed U5      Coed U6

Boys U8      Girls U8

Boys U10      Girls U10

Boys U13      Girls U12

Coed HS      Girls U14

Coed HS      Girls HS

## Parent Info

Dad's Name

Mom's Name

Cell/ Work/ Other Phone

E-Mail Address

## Uniform Size\* (circle one)

Youth sizes:      YXS      YS      YM      YL

Adult sizes:      AS      AM      AL      AXL\*\*

## SAME TEAM/USING FALL UNIFORM

\*Please note that uniforms come in sets and shirt and pant sizes will be the same.

\*\*Please contact the SOAR office if you need a size larger than AXL.

.....

## V O L U N T E E R

Please **SELECT** the ways you would like to help with your child's soccer team

1. **COACHING** (circle)      Head Coach      Assistant Coach

2. **TEAM MANAGER:** Helps coordinate snack schedule, communication, & organize season ending party.

3. **SOAR VOLUNTEER:** Willing to be called upon for *occasional* help with office work and SOAR events.  
(circle) Office      Events      Concessions      Field Maintenance/  
Improvements

4. **SPONSORSHIP:** SOAR relies on sponsorship to supplement the cost of maintaining quality leagues. If you're interested in sponsorship or advertising opportunities, please contact Sarah Thames or Sheri Korn at 772-0057.

5. **DONATION:** I am including a donation of \$\_\_\_\_\_ to SOAR.

## Participant Parent Agreement

As parent/guardian of the named player,

I hereby give my permission for his/her participation in SOAR and state that my child is in good health. This application is made with the expressed understanding that SOAR, its employees, volunteers, and sponsors, are not responsible for any sickness, damages, or injury that the player may incur while participating in this program, or during transport to and from the program site. I give permission for photographs to be taken of my child or family during normal program activities to be used in SOAR promotional materials without thought of remuneration. I further understand that all fees must accompany application, shin guards are required, no insurance is provided by SOAR, and so proof of insurability is required.

As a SOAR participant, I agree to abide by SOAR policies and guidelines for good sportsmanship.

Drugs, alcohol and/or any tobacco products, also weapons of any sort (e.g., knives, guns) will **not** be permitted on the Sports Complex. If any person is found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents – either by the parent coming to pick up the participant or expenses for any other transportation- and Law officers will be notified. I have read the above:

Parent/Guardian Signature      Date

Medical Insurance Carrier

## Additional Information

Use the following space to include information that may be helpful when processing this registration. We strive to accommodate families with multiple siblings, and specific practice night needs. *However, we cannot guarantee that friends will play together.*

Please indicate name and league of registrant's siblings also playing SOAR soccer this season.

Sibling

League

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Practice Night Preference

\*Please indicate preferred practice night, if any, and ANY other applicable information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practice Nights: Monday, Tuesday, Thursday, Friday  
Practices are held at 5:30 and at 6:30.