



Our Mission: Cato Soccer is dedicated to providing a quality soccer experience for our community by:

- Teaching the skills and fundamentals of the game.
- Encouraging teamwork, respect and sportsmanship.
- Organizing leadership for all levels of play.
- Maintaining a fun, safe, and positive environment.

[www.catosoccer.com](http://www.catosoccer.com)

**BOARD MEMBERS**

- TERRY FURCO
- LARRY KRISTELLER
- TRACEY PEREZ
- DONNA MINER
- DAN PEREZ
- LYNN GREENE
- MIKE VAN DOREN
- JIM DELLO STRITTO

**2021 SPONSORS**

Busted Yolk  
315-567-5563

Cartwright Construction  
315-730-6900

Cato Hardware  
315-626-6577

Dudley Water  
315-626-6519

Guidone Physical Therapy  
315-626-3179

Happy Days Drive-In  
315-626-2943

Keysor-Dain-Cullinan  
315-626-8801

Loveless Excavating, Inc.  
315-626-2007

Main Street Wine & Liquor Store  
315-626-2007

Mad Moose Designs  
315-370-8543

Peckham General Contractors  
315-626-3199

Pine Hill Pharmacy  
315-626-3161

Ray's Machine Works  
315-626-2364

RLS Structures, Inc.  
315-626-2244

<http://www.rlsstructures.com>

Sun Harvest Realty  
315-626-2277

<http://www.sunharvestrealty.com>

Terry's Food Mart  
315-626-2335

Van Norstrand Oil  
315-626-6640

Venture Brokerage LLC  
315-626-3133

**THANK YOU!!**

**Office Use:**  
Date \_\_\_\_\_  
Payment \$ \_\_\_\_\_  
Check # \_\_\_\_\_

Cost Fall 2021 - \$20  
Bring forms and payment to 1<sup>st</sup> day - starting 8/31  
CIMARF Soccer Field (no cut-off)

For more information  
call/text Terry Furco  
315-440-0613

Child's Name	Date of Birth	M or F
_____	_____	M or F
_____	_____	M or F
_____	_____	M or F

Address \_\_\_\_\_  
Parent Mobile # \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Emergency Name/Number (if I can't be reached):  
\_\_\_\_\_

**I, the parent/guardian** of the registrant, a minor, agree that the registrant and I will abide by the rules of CYS and CIMARF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify CIMARF and CYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

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**Code of Conduct:** All players, Parents, Officers, Executive Board Members, Coordinators, Coaches and Referees are expected to behave in a manner that abides by the Cato Youth Soccer Mission Statement. Inappropriate conduct will not be tolerated. By registering my child, we agree to this code.

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**2021 Safety Guidance and CYS COVID Waiver:** I confirm that I will abide by the mandatory Safety Guidance and have signed the COVID Waiver.

**Signature:** \_\_\_\_\_

**Consent for Medical Treatment:** As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Insurance Company \_\_\_\_\_  
Insurance ID# \_\_\_\_\_  
Any known medical problems or limitations for above player:  
\_\_\_\_\_  
**Signature:** \_\_\_\_\_