



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)

P.O. BOX 420  
Cato, NY 13033

**BOARD MEMBERS**

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

**Spring 2021 Costs**

Soccer Boppers \$25  
U6 - U12/U14 \$40  
Call for discount for family registration of 3 or more players.

Soccer Boppers: 2017, 2018	U 6: 2015, 2016
U8: 2013, 2014	U11: 2010-2012 U12/U14: 2007-2009

**Shirt Sizes/Circle One**

Youth XS (4/5) Mens Small  
Youth S (6/8) Mens Med  
Youth M (10/12) Mens Large  
Youth L (14/16) Mens XLarge

**2020 SPONSORS**

- Byrne Dairy  
<http://www.byrnedairy.com>
- 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

<u>Child's Name</u>	<u>Date of Birth</u>	<u>M or F</u>
_____	_____	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 have read the Safety Guidance and signed the COVID Waiver and will abide by these documents.

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

**THANK YOU!**

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