



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
- LISA POWER
- LYNN GREENE
- MIKE VAN DOREN

**Costs**

Spring 2019 \$20 per player  
Bopper, U6, U8, U11, U14

Mail form and payment to:  
Cato Youth Soccer  
PO Box 420  
Cato, NY 13033

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

**2018 SPONSORS**

- Byrne Dairy  
<http://www.byrnedairy.com>
- Cartwright Construction  
315-730-6900
- Cato Hardware  
315-626-6577
- Cato Shurfine (Terry's)  
315-626-2335
- Dudley Water  
315-626-6519
- Guidone Physical Therapy  
315-626-3179
- Happy Days Drive-In  
315-626-2943
- 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>
- Van Norstrand Oil  
315-626-6640

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female (circle)

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.

**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.

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

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

**Office Use:**

Date \_\_\_\_\_

Payment \$ \_\_\_\_\_

Check# \_\_\_\_\_