



Thank you for participating in the soccer tryouts for the Cleveland Blues Soccer Club 2010-2011 Soccer teams. After evaluating all of the talent at the tryouts, the coaching staff of the Blues is very excited about the upcoming season. We expect our club to continue to make great strides this year. After watching you play, our coaching staff wants you to be a part of it. We are inviting you to be a member of the Cleveland Blues Soccer Club for the year 2010-2011.

If you would like to accept our invitation, please fill out the enclosed forms and return them to us by fax at 216-781-0608 as soon as possible. Please respond by email and let us know if you are accepting our invitation. bern@clevelandblues.com

Please:

- Fill out the US Club Soccer form completely.
- Fill out the Cleveland Blues Payment Agreement.
- Fill out your order form for the new Cleveland Blues Nike uniform.
- We need a copy of your birth certificate.
- We also need a picture for your player pass.
- We communicate by email a great deal. If you would like us to send to multiple email accounts, just let us know on the form.
- We strive to keep our website up to date as well. www.clevelandblues.com

Our coaching staff is looking forward to working with you.

If you have any questions, please feel free to call me at 216-781-1010.

Congratulations,

Ed Bernstein

Ed Bernstein
Cleveland Blues Soccer Club
216-781-1010
bern@clevelandblues.com
www.clevelandblues.com



Payment Schedule

The Blues Program for 2010-2011 for U-9-U-12 boys and girls runs continuously from Mid-August to mid-June. The fee includes all coaching, league fees and 3 local tournaments. The tournaments included in this fee are the Fall CASA Cup, the Spring Northern Ohio Cup and the Parker Classic.

The Blues offers a payment plan whereby payments can be made according to the following schedule:

<u>Payments</u>	<u>Fees</u>	<u>Payment Due Date</u>
Blues Registration Fee	\$60	Due with paperwork
Deposit	\$125	July 15, 2010
Payment 1	\$170	August 10, 2010
Payment 2	\$295	October 25, 2010
Payment 3	\$295	January 5, 2011
Payment 4	\$295	April 5, 2011

Payments can be made online at www.clevelandblues.com All major credit cards are accepted. Checks may be mailed to Cleveland Blues, 2530 Superior Avenue, #201, Cleveland, Ohio 44114.

Your child's team may participate in additional tournaments for which there will be an additional fee. This fee is to be paid timely to the team manager in order for your child to be eligible to participate.

If you have any questions, please feel free to give us a call at 216-781-1010.

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CLEVELAND BLUES PAYMENT AGREEMENT

Please complete one form per player.

Player: _____ Age Group: _____

PAYMENT OPTIONS for U9 - U12 Players Please circle and complete one of the options below

A. Check or Online Payments – Quarterly Payment Option

Payments can be made online at www.clevelandblues.com All major credit cards are accepted. Checks may be mailed to Cleveland Blues, 2530 Superior Avenue, #201, Cleveland, Ohio 44114. There will be a \$25 late fee assessed for all late payments.

<u>Payments</u>	<u>Fees</u>	<u>Payment Due Date</u>
Blues Annual Registration Fee	\$60	Due with paperwork
Deposit	\$ 125	July 15, 2010
Payment 1	\$170	August 10, 2010
Payment 2	\$295	October 25, 2010
Payment 3	\$295	January 5, 2011
Payment 4	\$295	April 5, 2011

B. Credit Card- Monthly Installment Option

I understand I am to pay the Cleveland Blues Registration fee of \$60 and deposit of \$125 either by check or online according to the due dates above. I then authorize the Cleveland Blues Soccer Club to automatically charge my credit card number \$108 on the 10th on each month (10 installments) from August 2010 through May 2011. A 3% convenience fee has been added. All major credit cards are accepted. I understand my account will be charged on these dates. I understand that I must provide timely written notice to Cleveland Blues to stop the automatic payment.

Credit Card (Visa/MC/Discover/American Express)

Card Number: _____ Exp Date: _____ Security Code (3 digit back of card): _____

Card Holder Name: _____ Signature: _____ Date: _____

I, the parent/ guardian of _____ understands and acknowledges the financial obligation to the Cleveland Blues Soccer Club. I have chosen **Option A** **B** (circle one) to fulfill this obligation.

Please print Player's Name _____

Please print Parent/ Guardian Name _____

Signature: _____ Date: _____

Cleveland Blues Soccer Club
2530 Superior Avenue #201
Cleveland, Ohio 44114
216-781-1010
www.clevelandblues.com



CLEVELAND BLUES SOCCER CLUB



Club Uniform Package: \$120

- (1) Nike Laser Jersey Royal / (White)
- (1) Nike Bremen Jersey White / (Black)
- (1) Nike Bremen Short Black / (White)
- (1) Nike Classic Sock Black / (White)

Full Uniform Package: \$200

Club Uniform Package Plus

- (1) Nike Classic Warm-Up Jacket Pewter Grey / Black / (White)
- (1) Nike Nutmeg Bag Varsity Royal / Black / (White)

Additional Items:

- Nike Classic Warm-Up Jacket Pewter Grey / Black / (White) \$60
- Nike Classic Warm-Up Pant Black / (White) \$40
- Nike Nutmeg Bag Varsity Royal / Black / (White) \$35
- Nike Confidence Goalkeeper Jersey Black / Scarlet \$70

Please circle the size needed for the player

Jersey Size	YM	YL	AS	AM	AL	AXL
Shorts Size	YM	YL	AS	AM	AL	AXL
Warm Up Top	YM	YL	AS	AM	AL	AXL
Warm Up Pants	YM	YL	AS	AM	AL	AXL
Keeper Top	YM	YL	AS	AM	AL	AXL

Player's Name: _____ Team: U -

Method of payment: Cash _____ Check _____ Credit Card _____ Amount _____

MC, Visa, Amex or Disc. #: _____ EXP: _____ SEC Code _____
(3 digit back of card)

Signature: _____

Please send your order with payment to:

Cleveland Blues
c/o Ed Bernstein
2530 Superior Avenue #201
Cleveland, Ohio 44114

Cleveland Blues Nike Uniform for 2010 -11





716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

Med-Reg. Form	
Proof of Birth	
Complete from online information	
Team #	

CLUB REGISTRATION CONFIRMATION

Club Name Cleveland Blues Soccer Club City Cleveland State Ohio

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club.]

Player's Signature

Date

Parent/Guardian Signature

Date

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birthdate _____
 Street Address _____ City _____ Zip _____

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____
 Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Bus Phone (____) _____
 Name _____ Home Phone (____) _____ Bus Phone (____) _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone (____) _____ Bus Phone (____) _____
 Medical/Hospital Insurance Company _____ Phone (____) _____
 Policy Holder's Name _____ Policy Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ *Date* _____

_____ (Relation to player: father, mother, guardian)



Cleveland Blues Soccer Member Information

(Please print legibly)

Player's Name

Address

City and Zipcode

Birthdate

Parents' Names

Home Phone #

Work Phone #

Cell Phone #

Emergency Phone #

Email addresses

Uniform Shirt Size

Uniform Shorts Size