

CYSA Returning Player Registration Form

Player's Legal First Name:	Legal La	st Name:
Address:	City:	Zip:
Sex: M F Primary Em	nail Address:	
Additional Email Address:		Date of Birth:
Primary Phone Number:		
Reside in Coppell or CISD Boundaries	: Y N	
School:		Grade:
Parent/Guardian Name:		Home Phone:
Vork Phone:		Cell Phone:
Parent/Guardian Name:		Home Phone:
Nork Phone:		Cell Phone:
Age Division:	Team Name:	
consors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in conno/from and Program which transportation is hereby au	yer's participations in the soccer programs a and successors, intending to be legally bour and their respective directors, officers, emp lection with, the player's participation in the thorized.	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation
ponsors ("USYSA Parties"). In consideration of the play nd the player and our respective heirs, administrators nd operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in conno/from and Program which transportation is hereby au Conso st the parent or legal guardian of the above named play octor of Dentistry. This care may be given under whate	nat I and the registrant will abide by the rule yer's participations in the soccer programs a and successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency me	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation the signed edge.
ponsors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connofrom and Program which transportation is hereby au Consort the parent or legal guardian of the above named play	nat I and the registrant will abide by the rule yer's participations in the soccer programs a and successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the ithorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency may ever conditions are necessary to preserve the Print Name	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, at Programs including, without limitation, player's transportation at the signed before the signed before the duly licensed Doctor of Medicine or a life, limb or well being of my dependent.
ponsors ("USYSA Parties"). In consideration of the play nd the player and our respective heirs, administrators nd operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in conno/from and Program which transportation is hereby au Conso st the parent or legal guardian of the above named play octor of Dentistry. This care may be given under whate	nat I and the registrant will abide by the rule yer's participations in the soccer programs a and successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency me ever conditions are necessary to preserve the Print Name Registration Fees	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation at be signed. **Et be signed** **Date** *
consors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connumber of the program which transportation is hereby au Consort the parent or legal guardian of the above named play toctor of Dentistry. This care may be given under whate Signature Signature Lote: There will be a \$25 service fee for any returning the player of the program which transportation is hereby au Consort of Dentistry. This care may be given under whater of the player of the playe	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the other thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the experiment of the player's participation fees are conditions. CYSA Refu	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, at Programs including, without limitation, player's transportation at be signed) et be signed) edical care prescribed by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date
ponsors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connection and Program which transportation is hereby au Consets the parent or legal guardian of the above named playector of Dentistry. This care may be given under whate Signature Signature Reside in Coppell/ CISD Boundaries:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the served checks. CYSA Refures 1 and the registration Fees 1 cred checks. \$85/season	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation at the signed beginning to be signed by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date TOPS Players: \$35/year(The
ponsors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connection and Program which transportation is hereby au Conse as the parent or legal guardian of the above named playector of Dentistry. This care may be given under whate Signature Signature Reside in Coppell/ CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the ithorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the sever checks. CYSA Refured CYSA Refures \$85/season \$70/season	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, at Programs including, without limitation, player's transportation at be signed) et be signed) edical care prescribed by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date TOPS Players: \$35/year
consors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connumbifrom and Program which transportation is hereby au Conse as the parent or legal guardian of the above named play octor of Dentistry. This care may be given under whate Signature Signature Leside in Coppell/ CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the ithorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the sever checks. CYSA Refured CYSA Refures \$85/season \$70/season	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation at the signed being of my dependent. Tops Players: \$35/year(The Outreach Program of Soccer- for players with disabilities)
Consors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connuferom and Program which transportation is hereby au Consort the parent or legal guardian of the above named playoctor of Dentistry. This care may be given under whate signature Signature ote: There will be a \$25 service fee for any returneside in Coppell/ CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee: Do NOT Reside in Coppell/CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a and successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the sever checks. CYSA Refures \$85/season \$70/season \$70/season \$120/season	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation at the signed between the besigned by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date TOPS Players: \$35/year
Consors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connumbifrom and Program which transportation is hereby au Consort the parent or legal guardian of the above named play octor of Dentistry. This care may be given under whate Signature Signature Signature Teside in Coppell/ CISD Boundaries: 3rd, 4th & 5th child discounted fee: Do NOT Reside in Coppell/CISD Bounda 3rd, 4th & 5th child discounted fee: heck Amount:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the thorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the sever checks. Print Name Registration Fees The checks. CYSA Refuricies: \$120/season	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, a Programs including, without limitation, player's transportation at be signed) et be signed) edical care prescribed by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date TOPS Players: \$35/year
ponsors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, abilities or causes of actions arising out of, or in connoc/from and Program which transportation is hereby au Conse as the parent or legal guardian of the above named playector of Dentistry. This care may be given under whate Signature Signature Reside in Coppell/ CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee: Do NOT Reside in Coppell/CISD Bounda 3 rd , 4 th & 5 th child discounted fee: Check Amount: Check #:	nat I and the registrant will abide by the rule yer's participations in the soccer programs a rand successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the ithorized. ent for Medical Treatment (mustyers, I hereby give consent for emergency meter conditions are necessary to preserve the ever conditions are necessary to preserve the ever checks. Print Name Registration Fees The checks. CYSA Refurcion \$85/season \$70/season \$105/season \$105/season Cash Amount: Date:	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, at Programs including, without limitation, player's transportation at be signed) et be signed) edical care prescribed by the duly licensed Doctor of Medicine or at life, limb or well being of my dependent. Date TOPS Players: \$35/year
ponsors ("USYSA Parties"). In consideration of the play and the player and our respective heirs, administrators and operators of the facilities used for the Programs, iabilities or causes of actions arising out of, or in conno/from and Program which transportation is hereby au Conse to the parent or legal guardian of the above named play to bottor of Dentistry. This care may be given under whate signature Signature Reside in Coppell/ CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee: Do NOT Reside in Coppell/CISD Boundaries: 3 rd , 4 th & 5 th child discounted fee: Check Amount: Check Amount:	Print Name Registration Fees rned checks. Registration Fees rned checks. \$85/season \$70/season \$105/season \$105/season \$105/season Cash Amount: Programs and successors, intending to be legally bour and their respective directors, officers, emplection with, the player's participation in the other intendence of the other intendence	es and regulation of the YSYSA, its affiliate organizations and its and activities of the YSYSA Parties (the "Programs"), I, for myself and, hereby release and indemnify the USYSA Parties, the owners alloyees, agents and representatives from and against all claims, at Programs including, without limitation, player's transportation at be signed) et be signed) edical care prescribed by the duly licensed Doctor of Medicine or a life, limb or well being of my dependent. Date TOPS Players: \$35/year

CYSA Mailing Address: P.O. Box 354 Coppell, TX 75019 Office Phone: 972-304-0886 CYSA Office Address: 509 W Bethel Rd, Coppell Email Address: info@coppellyouthsoccer.com