

## COPPELL YOUTH SOCCER ASSOCIATION P.O. Box 354, Coppell, Tx 75019-0354, (972-304-0886)

## **Academy Only Player Registration Form**

Player's First Na	ame:		Last Nam	ne:		
Player's Address:				State:	Zip:	
		Sex:		Registration N	umber:	
Main E-Mail:						
School:			Grade:_	Birth Certificate of	on File:	
Guardian #1 Na	ime:		Guardian #1 Home Phone:			
Guardian #1 Wo	ork Phone:		Guardian #1 Mobile Phone:			
Guardian #2 Name:			Guardian #2 Home Phone:			
Guardian #2 Wo	ork Phone:		Guardian #2 Mobile Phone:			
Academy Club /	Affiliation:		Acad	demy Team Name:		
Fee: Amount Paid: M			<u>:</u>	Check #:		
X	Name (printed)	ISENT FOR MEDIC	Signature  FOR MEDICAL TREATMENT (must be signed)		Date	
As the parent or legal go be given under whateve	uardian of the above named player, I ler conditions are necessary to preserv	nereby give consent for emerg	ency medical care pre	escribed by the duly licensed Doctor	of Medicine or Doctor of Dentistry. This care may	
X						
	Name (printed)		Signature		Date	
NOTE: There	will be a \$25 service fee	for NSF checks.				
****	********		Registration F		*******	
Fall and Sp	my Only Player Fees: ring (\$100): orm fee per season)		Spring Only (\$90):(includes \$10 form fee for Spring season)			
		FOR CA	ASHIER USE C	DNLY		
Check Amount:		Cash Amount:		Charge Amount:		
Received By:	Received By: Received By:			Approval Code:		
Date:		Date:		_ Received By:		
Check #:				Date:		