



# CYSA Returning Player Registration Form



Player's Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F DOB \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_

Additional Email Address: \_\_\_\_\_

Reside in Coppell or CISD boundaries: **Y** **\*\*N** *\*\*the release from your home soccer association is required by the close of registration*

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Age Division: \_\_\_\_\_ Team Name: \_\_\_\_\_

### Important Information:

Youth Players may only be registered with one North Texas State Soccer Association sanctioned team at any given time during the soccer year (July 1-June 30). By signing this form, you are confirming that you have not registered your child for another team within North Texas Soccer this soccer year, unless a transfer has been granted within the rules of North Texas Soccer.

### Parental Approval and Medical Release

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION, AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, 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" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR AILMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT. I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS".  YES  NO

Signature of Parent/Legal Guardian

Date

### Registration Fees

Note: There will be a \$25 service fee for any returned checks.

CYSA Refund policy is located at [www.coppellyouthsoccer.com](http://www.coppellyouthsoccer.com)

Reside in Coppell  
3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> child discounted fee:

\*\$95/season \_\_\_\_\_  
\*\$80/season \_\_\_\_\_

TOPS Players: \*\$45/year \_\_\_\_\_ (The  
Outreach Program of Soccer for players with disabilities)

Do NOT Reside in Coppell  
3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> child discounted fee:

\*\$130/season \_\_\_\_\_  
\*\$115/season \_\_\_\_\_

\*For the 5U-7U age divisions, a jersey is provided. All others,  
cost of uniform not included.

### For Office Use Only

Check Amount: _____	Cash Amount: _____	Charge Amount: _____
Check #: _____	Date: _____	Approval Code: _____
Date: _____	Received by: _____	Received by: _____
Received by: _____	Batch #: _____	Date: _____
Batch #: _____		

Release recv'd \_\_\_\_\_

CYSA Mailing Address: P.O. Box 354 Coppell, TX 75019  
CYSA Office Address: 509 W Bethel Rd. Coppell, TX

Office Phone: 972-304-0886  
Email Address: [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com)