



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

Reside in Coppell
3rd, 4th & 5th 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
3rd, 4th & 5th 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