

New Players - read this important information...

PROOF OF AGE REQUIRED - *Due to CYSA by the close of Registration*

- All players new to CYSA must submit a state issued birth certificate or passport as proof of age
- Email a PDF or JPG file to registrar@coppellyouthsoccer.com OR
- Fax with a cover letter containing player's full name to 972-304-8791
- Due to CYSA by the close of Registration

NON-RESIDENTS/NON-CISD PLAYERS - *This process must be completed by the close of Registration*

- If a player does not live within the city limits of Coppell or boundaries of the Coppell Independent School District (CISD), the player must be released from his/her home soccer association This is a rule of North Texas State Soccer Association that CYSA is required to follow
- Please read and follow ALL steps as outlined in the Release Packet found on The Forms page of the CYSA website. <http://coppellyouthsoccer.com/TheCYSA/Forms.aspx>
- **All release requests must be completed by the close of Registration**

SEASON DATES

Season game days and potential game days for 5U thru 10U are posted on the CYSA Calendar - <http://coppellyouthsoccer.com/TheCYSA/Calendar.aspx>

COACHES NEEDED for all new teams!!

New volunteers should register as a Coach using the link on the right hand side of our [home page](#) under the red Volunteer banner. Instructions to complete a background check will be emailed once a coach registers.

PLAYER PLACEMENTS ARE FINAL.

Practice nights and times are determined by the coach at the coaches meeting after registration closes and teams are formed. Requests to change to a different team because of individual schedule conflicts cannot be accommodated. Transfers are not allowed.

CYSA REFUND POLICY

Take note of CYSA's refund policy: Refunds will be given provided the request is received in writing BEFORE the player is officially placed on a team. Refunds will be for the registration amount paid, less a \$20 admin fee. Registration fees cannot be deferred to another season.

Questions about any of the above information? Email us at registrar@coppellyouthsoccer.com



CYSA New Player Registration Form

Player's Legal First Name: _____ Legal Last Name: _____

Address: _____ City: _____ Zip: _____

Sex: M F *DOB _____

***Proof of age is required the first time a player registers with CYSA. Send copy of state issued birth certificate or passport: EMAIL scanned copy to registrar@coppellyouthsoccer.com or FAX w/ cover sheet to 972-304-8791.**

Parent's Email address: _____ Additional email: _____

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

School: _____ Grade: _____

Parent/Guardian Name: _____ Best Contact Phone: _____

Parent/Guardian Name: _____ Best Contact Phone: _____

Age Division: _____

Release of Liability (must be signed)

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 *\$95/season _____

TOPS Players: *\$45/year _____

(The Outreach Program of Soccer for players with disabilities)

3rd, 4th & 5th child discounted fee: *\$80/season _____

Do NOT Reside in Coppell *\$130/season _____

* For the 5U-7U age division a t-shirt is

3rd, 4th & 5th child discounted fee: *\$115/season _____

provided. All others, 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 #: _____

BC recv'd _____ Release recv'd _____

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: registrar@coppellyouthsoccer.com

4/5/2018