



Coppell Youth Soccer Association

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

Fall 2009 / Spring 2010 Registration Form

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

Player's Address: _____ City: _____ Zip: _____

Sex: M F Main E-Mail: _____

Player's Home Phone: _____ Player's Birth date: _____

Additional e-mails (if desired): _____ New Players Only

School: _____ Grade: _____ Birth Certificate provided: _____ (CYSA use only)

Guardian #1 Name: _____ Guardian #1 Home Phone: _____

Guardian #1 Work Phone: _____ Guardian #1 Mobile Phone: _____

Guardian #2 Name: _____ Guardian #2 Home Phone: _____

Guardian #2 Work Phone: _____ Guardian #2 Mobile Phone: _____

Age Division: _____ Team (returning players only): _____

Release of Liability (must be signed)

I, the parent/guardian of the registrant minor, agree that I and the registrant will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participations in the soccer programs and activities of the USYSA Parties (the "Programs"). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of actions arising out of, or in connection with, the player's participation in the Programs including, without limitation, player's transportation to/from any Program which transportation is hereby authorized.

X _____
Print Name Sign Name Date

Consent for Medical Treatment (must be signed)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

X _____
Print Name Sign Name Date

2009 - 2010 CYSA Registration Fees

NOTE: There will be a \$25 service fee for NSF checks.

NOTE: There is a \$15 administrative fee for all refund requests.

All Players Residing in the CISD Boundaries (all age divisions)

Fall or Spring Only - \$65: _____

Fall and Spring (avail. Fall only) - \$120: _____

Multi-Child Discounted Annual Fee:

(applies AFTER the second sibling is registered for Fall & Spring seasons)

Reside in CISD Boundaries (\$90)/DO NOT Reside in CISD (\$140)

3rd child: _____

4th child: _____

5th child: _____

All Players NOT Residing in the CISD Boundaries (all age divisions)

Fall or Spring Only - \$95: _____ **FOR OFFICE USE**

Fall and Spring (avail. Fall only) - \$180: _____

TOPS Player (The Outreach Program of Soccer for challenged players)

Fall & Spring - \$25: _____

(same fee for 1 or 2 season registration)

Check Amount: _____ Date Received: _____ Batch Number: _____

Check Number: _____ Postmark Date: _____ Received by: _____