



CYSA Registration Form

Mailing address: P.O. Box 354 Coppell, TX 75019 ♦ 972-304-0886

Office address: 509 W Bethel Rd, Coppell ♦ info@coppellyouthsoccer.com



Fall '10 & Spring '11 NEW Player

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

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

Sex: M F Main E-Mail: _____

Phone Number: (this is the number the coach will use to contact you) _____ Player's Birth date: _____

Additional e-mails (if desired): _____ Birth Certificate **ALL NEW players to CYSA MUST submit proof of age with a copy of a state issued birth certificate or passport with this registration form.**

School: _____ Grade: _____

Guardian 1 Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Guardian 2 Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Age Division: _____

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

Fall '10 and Spring '11 Registration Fees

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

NOTE: CYSA refund policy is located at www.coppellyouthsoccer.com

Players Residing in the CISD Boundaries (all age divisions)

Fall Season Only - \$70: _____

Fall and Spring Seasons (avail. Fall only) - \$130: _____

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

Fall Season Only - \$100: _____

Fall and Spring Seasons (avail. Fall only) - \$190: _____

Multi-Child Discounted Annual Fee: (discount applies AFTER the second sibling is registered for Fall & Spring seasons)

Reside in CISD Boundaries - \$100/DO NOT Reside in CISD -\$150

3rd child: _____ 5th child: _____

4th child: _____

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

Fall & Spring - \$30: _____

(same fee for 1 or 2 season registration)

FOR OFFICE USE ONLY

Check Amount: _____

Check #: _____

Received By: _____

Date: _____

Cash Amount: _____

Received By: _____

Date: _____

Charge Amount: _____

Approval Code: _____

Received By: _____

Date: _____