



# 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 Returning Players

\*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): \_\_\_\_\_

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

Guardian 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\*Age Division: \_\_\_\_\_ \*Team: \_\_\_\_\_

\*Required information; all other information to be filled in only if changed from Spring '10

### 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](http://www.coppellyouthsoccer.com)

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

Fall or Spring Only - \$70: \_\_\_\_\_

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

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

Fall or Spring Only - \$100: \_\_\_\_\_

Fall and Spring (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

3<sup>rd</sup> child: \_\_\_\_\_ 5<sup>th</sup> child: \_\_\_\_\_

4<sup>th</sup> 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: \_\_\_\_\_

Cash Amount: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

Received By: \_\_\_\_\_

Approval Code: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_