



Campbellsville Youth Soccer Association, Inc.

Registration Form

Season: Fall / Spring Year: _____

www.campbellsvilleyouthsoccer.com

League Use Only

Age Group

Playing Age

Birth Certificate on File: Yes No

PLAYER INFORMATION

First Name		Last Name			MI	Name Child goes by
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Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Month	Day	Year	Last 4 Digits of Players SS#	If within one year of next level and with Board Approval, would you like your child to play? <input type="checkbox"/> Yes <input type="checkbox"/> No
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School currently attending and Grade Level:	Played CYS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Years Played	Do you want siblings on the same team? (Only if Age Appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Siblings Name:
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UNIFORM INFORM	Short Size: Youth <input type="checkbox"/> XS(4-5) <input type="checkbox"/> S(6-8) <input type="checkbox"/> M(10-12) <input type="checkbox"/> L(14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Jersey Size: Youth <input type="checkbox"/> XS(4-5) <input type="checkbox"/> S(6-8) <input type="checkbox"/> M(10-12) <input type="checkbox"/> L(14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
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PARENT / GUARDIAN INFORMATION

Parental Support: CYSA is run exclusively by volunteers. We seek active participation of all parents as members in our program. We always need more coaches for the younger kids (U6, U8) in order to play small sided soccer, so special requests may not be granted. We may have more coaches or team parents than needed in some divisions, so there is no guarantee you will be selected.

Primary Guardian's First Name	Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Home	Cell #
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Primary Guardian: Street Address, City, State. Zip (player's primary address)	E-mail Address (CYSA primary form of communication)
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I would like to volunteer as a: Coach Assistant Coach Team Parent Field Care Board Member Other-
If coaching or a team parent, what shirt size would you need?

Other Guardian's First Name	Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Home	Cell #
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Other Guardian: Street Address, City, State. Zip	E-mail Address
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I would like to volunteer as a: Coach Assistant Coach Team Parent Field Care Board Member Other-
If coaching or a team parent, what shirt size would you need?

EMERGENCY CONTACT AND NOTIFICATION INFORMATION – (IF PARENTS CANNOT BE REACHED)

Emergency Contact Name	Relationship	Phone Number
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Primary Doctor	Street Address, City, State, Zip	Phone Number
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Dentist	Street Address, City, State, Zip	Phone Number
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List Any Medical Conditions:

Does your child have any special needs of which CYSA should be made aware? Yes No
If "yes" please explain:

FEES

<p>.Make check payable to: CYSA Mail to: CYSA, c/o Wise Dentistry, 105 Medical Park Dr, Campbellsville, KY 42718 <u>You must include the following with this document:</u> 1-Registration Fee 2-Copy of child's birth certificate - if he/she has not played before with CYSA or does not have a copy on file with CYSA</p>	<p>League Recreational (U6-U14)</p>	<p>Registration Fee \$65</p>
FEE IS NON REFUNDABLE AFTER THE SEASON HAS STARTED		

CONSENT AND WAIVER AGREEMENTS

By signing below, I have read all of the information and agree to participate in CYSA/CU and its activities. I release CYSA and CU from any financial and medical injury liability. I hereby give my consent for emergency medical care prescribed by paramedic, 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. I hereby give CYSA/CU permission to use the name and image of this player for use in public media that has been approved by the CYSA Board, including the CYSA website. I understand and agree as a parent or guardian, the participant and I will abide by the rules of CYSA.

Signature of Parent / Guardian (must be signed to be accepted)	Date
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Accepted By:	Date:	Check # & Amount	Cash Amount
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