

Churchville Youth Soccer

House Registration – 2010 Season

√ box □ below if info has changed since last year

Player's Name: <small>(exactly as on birth certificate)</small>								
Gender (circle one): Male or Female		Players Date of Birth: <small>(New players attach copy of Birth Certificate)</small>						
Street, City & Zip: □								
Home Phone: □		Cell: □	Work: □					
E-mail Address(es): □								
Father's Name:		Mother's Name:						
Uniform Size – Circle Choice	Shirt Size	YS	YM	YL	AS	AM	AL	AXL
	Shorts	YS	YM	YL	AS	AM	AL	AXL
Medical Insurance Company:					Policy/Group #:			
Physicians Name:					Telephone #:			
Hospital Preferred:								
Medical Conditions & Medications:								
Any Known Allergies:								
Emergency Contact Name & Phone #:								
Registration Fee*: \$100.00 - includes shirt, shorts and socks House (u8-u19 if still in HS): Birthdates from August 1, 2002 – July 31, 1991 <small>(see age matrix at CYASoccer.net)</small> Family Discounts: First two children pay full price. Each additional child will receive \$5.00 off. There will be no refunds after April 1, 2010 *Registration fees include league, referee and insurance fees								
Late registration: A \$25.00 late fee will be charged if Registration Form & Payment are not received or postmarked by deadline, <u>March 1, 2010</u> . Uniforms must be ordered so registrations received after registration deadline cannot be guaranteed a roster space.								
<small>We give permission for any medical attention necessary to be administered to my/our child by a licensed Medical Professional in the event of an accident or injury until I/we can be contacted. This release is effective for the 2010 playing season. We will assume responsibility for payment of such treatments. I/We, the parent of the above named child, who is a candidate for a position in the Churchville Youth Associations Soccer League, give approval for his/her participation in any and all activities of the Churchville Youth Association during the 2010 season. We do further release, indemnify and hold harmless the Churchville Youth Association, the County of Monroe, the Town of Riga, the US Youth Soccer Assoc., NYSW Youth Soccer Assoc., Rochester District Youth Soccer Assoc., Intertown Soccer Assoc, the organizers and supervisors, any and all of them. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise waive, the extent not covered by Liability Insurance, any claim against any person transporting my child to and from the games, practices and related activities. I also accept responsibility of providing transportation for my child to all practice sessions and games to be designated by the coaches and the league administrators.</small>								
Parent's or Guardian's Signature _____					Date: _____			
Volunteer Information: I, _____, would be willing to help with the following: ___ Coach ___ Asst. Coach ___ Board member ___ Fundraising ___ Team Manager ___ other (please list) _____. I can be reached at: _____								
Make checks payable to: Mail to:		CYA Soccer P.O. Box 177 Churchville, NY 14428 Check out our website at: cyasoccer.net						

FOR CYA USE ONLY			
Date Received:	cash or check #	amt pd: \$	sibling(s):
Age Group:	Team:	Coach:	