Churchville Youth Soccer

TRAVEL Registration – 2009-2010 Season

√ box □ below if info has changed since last year

Fill in form Completely

Player's Name: (exactly as on birth certificate)							
Gender (circle one): Male or Female			**Players Date of Birth:** (New players attach copy of Birth Certificate)				
Street, City & Zip: ☐							
Home Phone: ☐	**Cell:** ☐		**Work:** ☐				
E-mail Address(es): ☐							
Father's Name:	**Mother's Name:**						
Uniform Size – Circle Choices	**Shirt Size:**	YS	YM	YL	AS	AM	AL	AXL
	Short Size:	YS	YM	YL	AS	AM	AL	AXL
Jersey Number:	**Socks Size:**	Youth or Adult						
Medical Insurance Company:						**Policy/Group #:**	
Physicians Name:						**Telephone #:**	
Hospital Preferred:							
Medical Conditions & Medications:							
Any Known Allergies:							
Emergency Contact Name & Phone #:							

Registration Fee:

A non-refundable registration fee of **$10.00 is required with registration form** and submitted to coach at time of tryouts. At the time the player is accepted for a position on a team roster, an additional fee of **$245.00** will be due. This fee covers RDYSL league and referee fees and uniform. Roster fee is **due in full by October 31, 2009**. Payments received after that date will be charged a **$25.00 late fee**. Uniforms must be ordered so registrations received after registration deadline cannot be guaranteed a roster space and all fees are non-refundable.

Additional fees based on individual team practice venues, indoor leagues and additional tournaments may be incurred.

I/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.

Parent or Guardian 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: **CYA Soccer**
Mail to: **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:

Updated 7/09