

Churchville Youth Association Soccer
Tiny Tots Soccer Festival
U6 Noncompetitive Tournament

Registration Form

Team Name _____

Club Affiliation _____

Boys Girls Coed

Coach Name _____ Phone # _____

Address _____

E-mail _____

I, _____, coach of the _____, acknowledge that I will have in my possession, during all games at the CYA Soccer Festival and noncompetitive Tournament, current Release from Liability and Medical Consent form for each player on my team. I also acknowledge that the form is signed by that player's parent or legal guardian. I hereby acknowledge as a condition of our acceptance, our team agrees to accept the tournament rules. I also understand that there are no refunds due to shortening or cancellation of a game due to inclement weather. It is also understood that the Release from Liability and Medical Consent Form must be submitted at Check-in/Final Registration.

Coach's Signature _____ **Date** _____

Festival/Tournament Fee: \$60 per team

Checks made payable to **CYA Soccer**

This form is to be mail in with a check or money order to:

CYA Soccer
P.O. 177
Churchville, NY 14428

