



# CYSA Registration Form



Player's Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F DOB \_\_\_\_\_ New Players: Proof of age in the form of a birth certificate or passport is required by the close of registration-  
email to: [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com)

Age Division: \_\_\_\_\_ Team Name: \_\_\_\_\_

Do you want to return to this team? Y \*N \*If No, you will be BLINDLY DRAFTED onto a different team

Reside in Coppell or CISD boundaries: Y \*\*N \*\*the release from your home soccer association is required by the close of registration

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

Parent/Guardian Name \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

List any medical conditions coach should be aware of \_\_\_\_\_

## Important Information:

Youth Players may only be registered with one North Texas State Soccer Association sanctioned team at any given time during the soccer year (July 1-June 30). By signing this form, you are confirming that you have not registered your child for another team within North Texas Soccer this soccer year, unless a transfer has been granted within the rules of North Texas Soccer.

## Parental Approval and Medical Release

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION, AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE "PROGRAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR AILMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS". ☐ YES ☐ NO

Signature of Parent/Legal Guardian

Date

Note: There will be a \$25 service fee for any returned checks.

CYSA Refund policy is located at [www.coppellyouthsoccer.com](http://www.coppellyouthsoccer.com)

## For Office Use Only

Check Amount: _____	Cash Amount: _____	Charge Amount: _____
Check #: _____	Date: _____	Approval Code: _____
Date: _____	Received by: _____	Received by: _____
Received by: _____	Batch #: _____	Date: _____
Batch #: _____		

Proof of Age recv'd \_\_\_\_\_ Release recv'd \_\_\_\_\_

CYSA Mailing Address: P.O. Box 354 Coppell, TX 75019  
CYSA Office Address: 509 W Bethel Rd. Coppell, TX

Office Phone: 972-304-0886  
Email Address: [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com)