



COPPELL YOUTH SOCCER ASSOCIATION

P.O. Box 354, Coppell, Tx 75019-0354, (972-304-0886)

Released Player Registration Form

NOTE:
This completed form is required by CYSA to release a player!

Player's First Name: _____ Last Name: _____

Player's Address: _____ City: _____ State: _____ Zip: _____

Player's Home Phone: _____ Sex: _____ DOB: _____ Birth Certificate on File: _____

Email address: _____

Guardian #1 Name: _____ Home Phone: _____ Cell Phone: _____

Guardian #2 Name: _____ Home Phone: _____ Cell Phone: _____

RELEASE OF LIABILITY (must be signed)

I, the parent/guardian of the registrant minor, agree that I and the registrant will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties") in consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of actions arising out of, or in connection with, the player's participation in the Programs including, without limitation, player's transportation to/from any Program which transportation is hereby authorized.

X _____
Name (printed) Signature Date

NOTE: There will be a \$25 service fee for NSF checks.

CYSA Release Fees

CYSA Release Fees Required Annually:

ISA \$20: _____

CFBSA \$50: _____

other _____

FOR CASHIER USE ONLY



Check Amount: _____

Cash Amount: _____

Received By: _____

Received By: _____

Date: _____

Date: _____

Check #: _____