



CYSA Returning Player Registration Form

Player's Legal First Name: _____ Legal Last Name: _____

Address: _____ City: _____ Zip: _____

Sex: M F Primary Email Address: _____

Additional Email Address: _____ Date of Birth: _____

Primary Phone Number: _____

Reside in Coppell or CISD Boundaries: Y N

School: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Age Division: _____ Team Name: _____

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 regulation of the YSYSA, its affiliate organizations and its sponsors ("USYSA Parties"). In consideration of the player's participations in the soccer programs and activities of the YSYSA 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 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 and Program which transportation is hereby authorized.

Consent for Medical Treatment (must be signed)

As the parent or legal guardian of the above named players, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

X _____
Signature Print Name Date

Registration Fees

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

CYSA Refund policy is located at www.coppellyouthsoccer.com

Reside in Coppell/ CISD Boundaries: \$80/season _____ TOPS Players: \$30/year _____

Do NOT Reside in Coppell/CISD Boundaries: \$115/season _____ (The Outreach Program of Soccer – for players with disabilities)

For Office Use Only

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

Release Form recv'd _____

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

Office Phone: 972-304-0886
Email Address: info@coppellyouthsoccer.com