

CONROE YOUTH SOCCER LEAGUE REGISTRATION FORM

ALL FEES **MUST** BE PAID AT TIME OF REGISTRATION!!!

MAKE CHECKS PAYABLE TO CYSL: CYSL REGISTRAR 206-A S.LOOP 336 WEST BOX 254 CONROE, TEXAS. 77304	IF MAILING IN YOUR REGISTRATION, YOU MUST INCLUDE YOUR REGISTRATION FEE OR YOU WILL NOT BE REGISTERED!!!! www.conroeyouthsoccer.org registrar@conroeyouthsoccer.org VOICEMAIL HOTLINE: (936) 756-0604
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APPLICATION INFORMATION

PLAYER FIRST NAME:	MIDDLE:	LAST:
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Returning Player? <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous Season Played?	Previous Coach?	Birth date:	Age:	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Street address:	Phone Number:	Cell Phone Number:
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City:	State:	Zip:
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Mother's Name:	Mother's E-Mail	Mother's Number ()
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Father's Name:	Father's E-Mail	Father's Number ()
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Uniform Size: Youth X Small(4-6) Youth Small(6-8) Youth Medium(10-12) Youth Large(14-16) Adult Small

COACH REQUEST: A coach request can be made but **DOES NOT** guarantee a position on that specific coach's team.

Volunteers Are Always Needed!!! Please, help us support your children and their teams. If you are interested in volunteering as a coach or assistant, you will have the opportunity to attend coaches course modules designed to provide you with valuable coaching tips to teach you how to plan training sessions for the appropriate age groups.

Parental Support: (Circle One)
 Coach Assist Coach Team Parent Board Volunteer None

NOTE: Volunteering for the above positions will require the completion of the STYSA KIDSAFE application for background checks. To obtain the proper information, please contact the Director of Recreational Soccer at director@conroeyouthsoccer.org

Spring 2011 REGISTRATION FEES INCLUDE UNIFORM!!
\$10.00 OFF IF THE REGISTRATION IS RECEIVED BEFORE DECEMBER 31, 2010.
\$25.00 UNIFORM DISCOUNT FOR FALL RETURNING PLAYERS.
\$5.00 OFF FOR EACH ADDITIONAL SIBLING.

DIVISION IV (U5-U6)	DIVISION IV (U7-U8-U9-U10)	DIVISION III (U11-U18)
\$95.00	\$150.00	\$190.00

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "PROGRAMS"). I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliates, CYSL, TYSA, and STYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a 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 the registrant.

Parent/Guardian Signature:	DATE:
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NO REFUNDS WILL BE GIVEN AFTER THE FIRST GAME!!!!

REG FEE:	DISCOUNT:	AMT. RECVD:	CASH/CHECK	DATE RECVD	RECVD BY:
COACH REQ.	CHANGE OF COACH REQ.	BOYS	GIRLS	DIVISION	UNDER

