

Coventry Youth Soccer Organization

Gender: Male Female

Fall / Spring Registration Form

*PLEASE BRING A COLOR PICTURE
AND A COPY OF BIRTH CERTIFICATE
only GAASA Players

Year _____

DOB _____ / _____ / _____
Month Day Year

- New Player * GAASA - 9 and UP -- \$65.00 DDD - 5 and 6 -- \$40.00
- Returning Player / Team Name _____
Or Coach Requested _____ DD - 7 and 8 -- \$55.00 Instructional - 3 and 4 -- \$30.00

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Phone(_____) _____ Email _____

Fathers Name _____ Cell(_____) _____

Mothers Name _____ Cell(_____) _____

List any medical problems or medications taken _____

Person to notify in an emergency if neither parent is available _____

Phone(_____) _____ Relationship to Player _____

Liability Release

I, the parent/ guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer accepting the registrant for its soccer programs and activities (the Programs). I hereby release, discharge and/ or otherwise indemnify Us Soccer, its affiliated organizations and sponsors, their 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's participation in the programs and/ or being transported to or from the same, which transportation I hereby authorize

Consent for Medical Treatment

As the parent / guardian of the 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 my dependant.

Code of Conduct

By signing below I, and the registrant, have read, signed and received a copy of the Code of Conduct and we agree to abide by the rules in it set forth by GAASA.

Photo Release

As the Parent/ guardian of the registrant, I hereby give consent for the use of photographs in print and website for promotional purposes and CYSO publications.

Name (please print) _____

Signature _____ Date _____

Mother's Birth Month and Day (required) _____

Mail to: Coventry Youth Soccer 696 Elbon Ave Akron, Oh 44306

\$62.00 Uniform # _____	In-House T Shirt \$10.00 Size _____
(\$35)Jersey YM YL AS AM AL AXL	Instructional T Shirt
(\$20)Shorts YM YL AS AM AL AXL	2-4
(\$10)Socks YOUTH ADULT	4-6
<i>For Club Use Only</i>	<i>SPRING</i> <i>FALL</i>
Player Fee \$ _____	\$ _____
Uniform Fee \$ _____	\$ _____
Other \$ _____	\$ _____
Discount \$ _____	\$ _____
Total Due \$ _____	\$ _____
Total Paid \$ _____	\$ _____
Balance Due \$ _____	\$ _____

Balance Due at Time of Registration

- Picture Received
- Birth Certificate Received
- Cash
- Check _____

Received By _____
Date _____

NO REFUNDS