

Spring 2012 Registration Fees

Please circle league

GAASA- \$70.00

DD-\$ 60.00

DDD-\$45.00

Instr-\$35.00

- New Player**
- Returning Player / Team Name** _____
- Or Coach Requested** _____

Practice Request **Mon/Wed** **Tue/ Thur**

NOTE _____

GAASA Players

COLOR PICTURE

COPY OF BIRTH CERTIFICATE

GAASA Pass - Previous Season

League 1: _____

League 2: GAASA

**Coventry Youth Soccer
Organization**

www.coventryyouthsoccer.org

DOB _____ / _____ / _____

Month Day Year

Gender: **M** **F**

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Phone(_____) _____ Other Phone(_____) _____

Texting **Y / N** Texting **Y / N**

Email _____

Father's Name _____

Mother's Name _____

School _____

List any medical problems or medications taken _____

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

Phone(_____) _____ Relationship to Player _____

Registration Deadline:
February 19, 2012
(postmarked)

After deadline, late fees may be added.

Mail to:
CYSO
3003 Traymore Dr
Akron, OH 44319
NO REFUNDS

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.

Player Release Waiver

I understand that my child by registering for the fall is committing to play with this team for the entire soccer year and that the club will respect that commitment. However if we fail to affirm this commitment, through whatever process used by the club for all of its players, by the posted team registration date for spring play in the league in which the team plays we accept the decision of the club to release our child from this commitment.

<p>GAASA</p> <p>\$50.00 Uniform # _____</p> <p>(\$30) Jersey YM YL AS AM AL AXL</p> <p>(\$15) Shorts YM YL AS AM AL AXL</p> <p>(\$5) Socks ADULT</p>	<p>In-House T Shirt included w/ registration</p> <p>SM M L AS</p> <hr/> <p>Instructional T Shirt</p> <p>XS SM</p>
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For Club Use Only

Player Fee \$ _____

Uniform Fee \$ _____

Other \$ _____

Discount \$ _____

Total Due \$ _____

Total Paid \$ _____

Balance Due \$ _____

Balance Due at Time of Registration

- Cash _____
- Check _____ Date _____

Name (please print) _____

Signature _____ Date _____

Mother's Birth Month and Day (required) _____