

**CYSA Membership Form**

**Covington Youth Soccer Association (CYSA)**

Region-3/State-45/District-6/League-7  
P.O. Box 1983 Covington, LA 70434

[www.covingtonsoccer.com](http://www.covingtonsoccer.com)

- New Registration
- Re-Registration
- Birth Date verified:  Yes  No
- Hold By \_\_\_\_\_
- Recreational U6-14
- Division 1 U11-19

CYSA Message Center: 985-867-1665

Please fill in all blanks: **Circle Age Group** (Under specified age on **Aug 1, 2009**)

U6 U7 U8 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19 Adult

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Email: \_\_\_\_\_

List any medical problems: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (W): \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Occupation (Optional): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (W): \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Occupation (Optional): \_\_\_\_\_

If parent cannot be reached in an emergency, call: \_\_\_\_\_ at (Phone): \_\_\_\_\_

Doctor to notify in an emergency: \_\_\_\_\_ Dr's. Emergency Phone: \_\_\_\_\_

Number of years playing soccer: \_\_\_\_\_ Last Team Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Release and Consent for Medical Treatment of a Minor**

I, the undersigned parent/guardian of the registered player, a minor, agree that I and the player will abide by the rules, regulations and policies of Louisiana Soccer Association and its affiliated, clubs, leagues, organizations and sponsors ("LSA Parties"). In consideration of the player's participation in the soccer programs and intending to be legally bound, I hereby release and indemnify the LSA 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 action 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. I further grant the LSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast, web based and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. If requested, in the event that my child becomes consistently unruly, I will be present at practices/games to provide discipline. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by licensed paramedics, physicians and/or hospitals at my expense. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

\_\_\_\_\_  
Print - Parent or Legal Guardian

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date

**PARENTAL SUPPORT**

**We ask for and need active participation of all families in CYSA. Please select area(s) in which you will help:**

- Coaching
- Assistant Coaching
- Tournaments
- Line Painting
- Team Management
- Sponsor/Donor
- Referee
- Board Member
- Grass Cutting
- Concessions
- Donation of \$25** in lieu of volunteer service.

Funds will be used to hire help.

**PLAYER FEES (Spring 2010)**

Rec U6 thru U8	\$75	_____
Rec U10 thru U14	\$85	_____
Family Discount (Deduct \$5 if this registration is the second or more within a single family.)		_____
Div 1 U11 through U19	\$95	_____
<b>Late Fee (After Sept 11<sup>th</sup>)</b>	none	_____
<b>Donation (\$25 or more)</b>		_____
	<b>Total</b>	_____

**Make Checks Payable to: "CYSA"**

<b>For Office Use Only:</b>	
Method of Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Received by: _____	Date: _____