



2014 Basketball Registration Form
 Open to Boys and Girls in Kindergarten through 8th grade
CHUGIAK YOUTH SPORTS ASSOCIATION
 Phone (907) 694-6559 * Fax (907) 694-6589 * email: admin@cysa-ak.org
www.cysa-ak.org

Player's Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ Zip: _____

Home Ph: _____ Birth Date: _____ Age: _____ Gender: _____

Grade in School: _____ School Attendance Area: _____ Height: _____ Weight: _____

Skill Level of Player (**PLEASE BE ACCURATE** to ensure balanced teams! No one has fun when teams are stacked!):

- Beginner Developing Average Above Average Advanced

Has player played this sport in the past? Yes No If so, how many seasons? _____

Has player ever played this sport competitively? Yes No If yes, when/where: _____

List any nights (Mon-Fri) when player cannot practice, if applicable (some games will be Friday evenings): _____

Father's Name: _____ Father's Address: _____

Father's Phone: _____ Cell: _____ Email: _____

Mother's Name: _____ Mother's Address: _____

Mother's Phone: _____ Cell: _____ Email: _____

PLEASE CONSIDER COACHING! CYSA is an all-volunteer league that is dependent on parents volunteering to coach. Please indicate below if you would be willing to help coach your child's team. We will train and equip you for success!

Coaches will receive a \$50 discount for each child they coach!

Yes *Name:* _____ No

Volunteer parent assistants are also needed as Team Parents and Gym/Hall Monitors. Are you willing to volunteer as a:

Team Parent Gym/Hall Monitor

I DO DO NOT give permission for pictures of my child to appear on the CYSA website. Names will **NOT** be included with pictures. Initial: _____

Player Registration Fees – 2014

\$100 Kindergarten – late fee \$25 after September 28th
 \$150 per player for first 2 players in same family
 \$50 discount per player for 3rd or more players from same family
LATE FEE: \$50 after September 28th!

Payment Type: Cash Check Charge

Visa/Mastercard # _____

Exp. Date: _____ 3-digit security code: _____

Signature: _____

Registration:

By Mail: CYSA, 11723 Old Glenn Hwy #103, Eagle River, AK 99577
 By Fax: 694-6589
 By email: admin@cysa-ak.org
 Online: www.cysa-ak.org (preferred)

Office Use Only	
Date: _____	Amt Paid: _____
Check # _____	CC _____ Cash _____

RELEASE OF LIABILITY

I, the parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of CYSA, its affiliated organizations and sponsors. Recognizing the possibilities of physical injuries associated with sports, in consideration for CYSA accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify CYSA, its 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 as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

MEDICAL RELEASE

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

ACKNOWLEDGEMENT STATEMENT

Each year CYSA must apply to the Anchorage School District and Municipality of Anchorage for use of school and municipal properties in the Eagle River/Chugiak area for our programs. Care must be taken to leave the facilities in good condition after each practice/game. Cleats cannot be worn on ASD or Loretta French Sports Complex fields. Please pick up litter and belongings before leaving the fields. Players participating in CYSA sports are not permitted to wear any jewelry or dangerous hair accessories during practices or games. Please take time to read the CYSA Code of Conduct and conduct yourself in accordance with said Code. Code of Conduct can be viewed at www.cysa-ak.org. I understand that if I or my children violate the CYSA Code of Conduct or this acknowledgement statement, it may result in the removal of my child/children from CYSA programs.

Your signature below indicates that you have read, and agree to, the Releases and Acknowledgement Statement.
PRINT Name of Parent/Guardian

SIGNATURE of Parent/Guardian
