



2014 Outdoor Soccer Registration Form

Chugiak Youth Sports Association

Open to Boys and Girls ages 3-18

Phone (907) 694-6559 Fax (907) 694-6589 www.cysa-ak.org admin@cysa-ak.org

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

Address: _____ City: _____ Zip: _____

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

Grade in School (2014/2015 school year): _____ Height: _____ Weight: _____

List one night (Mon-Thurs) when you cannot practice, if applicable: _____

***** To allow us to properly and evenly distribute players on our rosters, so that all players can enjoy and learn the sport, please ACCURATELY rate skill level of player:**

- Beginner
- Developing
- Average
- Above Average
- Advanced

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

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

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

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

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

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. Coaches will receive a \$50 discount for the child they coach.

Yes *Name:* _____ No

Volunteer parent assistants are also needed as Team Parents.

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

\$80 U4 (3 year olds)

\$135 per player for U6 and above

\$85 per player for 3rd or more players from same family

All coaches eligible for \$50 discount for each child you coach

Payment Type: Cash Check Charge

Visa/Mastercard # _____

Exp. Date: _____

Signature: _____

REGISTRATION DEADLINE IS MAY 5, 2014

Online: www.cysa-ak.org

By email: admin@cysa-ak.org

CYSA Office – We have a drop slot for 24 hour drop off!

By Mail: CYSA, 11723 Old Glenn Hwy #103, Eagle River, AK 99577

By Fax: 694-6589

Office Use Only

Recvd By: _____ Date: _____ Amt Paid: _____

Check # _____ CC _____ Cash _____

Player Number: _____

Family Number: _____

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 _____