

**CYSA Membership Form**

**Covington Youth Soccer Association**

P.O. Box 1983 Covington, LA 70434

Region: 3 State: 45 District: 6 League: 7

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

New Registration

Re-Registration

Birth Date verified:  Yes  No  Hold By \_\_\_\_\_

Recreational U6 -14

Competitive U11-19

Please fill in all blanks: **Circle Age Group** (Under specified age on Aug 1, 2011)

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

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): \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

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

Doctor to notify in an emergency(optional): \_\_\_\_\_ 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 the 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 mentioned 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.

**PARENTAL SUPPORT**

We ask for active participation of all families in CYSA.

Please select area(s) in which you will help:

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

Funds will be used to hire help.

**PLAYER FEES (Aug thru July)**

Rec U6 thru U10	\$70	_____
Rec U11 thru U14	\$80	_____
Competitive U11 thru U19	\$100	_____
Donation	(\$25 or more)	_____
	TOTAL	_____

Pre-season sign-up/bill after season starts...check here \_\_\_\_\_

**Make Checks Payable to: CYSA**

**For Office Use Only**

Method of Payment:  Cash  Check# \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Revised: 4-1-11

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature: Parent or Legal Guardian Date