



CYSA CAZENOVIA 2019 FALL SOCCER REGISTRATION – GRADES 1 - 6

Questions contact Bill Dolly at wadolly@yahoo.com

DEADLINE FOR SIGN-UPS IS July 1 2019.

Players Name _____ **Sex** **M** **F**
Grade for Fall: _____ **Age:** _____ **Date of Birth:** _____
Desired Team (Check One): Coed Girls Boys
Circle Shirt Size: Youth: **S** **M** **L** **XL**
Parent's Name _____
Address _____ **Zip code** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **E-mail:** _____

Emergency Contact: (Other than above-in the event a parent cannot be reached.)

Name: _____ **Phone #'s:** _____

Please Check Appropriate Box.

CYSA Youth Soccer is ENTIRELY volunteer-based. Your help is needed.

I will Coach _____ I will assist the coach _____ I cannot help at this time _____

Coach and Assistant preferred shirt size: AS AM AL AXL AXXL Name: _____

Waiver: We hereby release, discharge, and covenant not to sue the Cazenovia Youth Soccer Association Inc., its representative member teams and leagues, their administrators, directors, agents, officers, members, volunteers, team members, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

Informed Consent: In consideration of my child's participation in the above referenced program, I as parent or legal guardian, together with my child, understand that participation in this program can result in injury, disease, sickness, and even death.

Medical Information: I, as parent or legal guardian certify that my child's physical condition is at a level sufficient to participate and has no disease or injury that would limit or impair their participation, UNLESS NOTED BELOW. No medical insurance is carried by the Cazenovia Youth Soccer Association Inc. for program participants. Participants are encouraged to have their own medical coverage.

Notes: Please list any medical conditions with doctor's name and phone number below.

Publicity Waiver: I as parent or legal guardian grant permission to release my son/daughter's name or picture for promotional materials associated with Cazenovia Youth Soccer Association.

Coach's children will be placed on their teams. no other requests will be honored.

Parent /Guardian Signature _____ **Date:** _____

Payment: Cash **Check No.** _____ (payable to Cazenovia Youth Soccer Association Inc.)

\$35.00 / Player (Family Maximum \$60.00)

MAIL COMPLETED FORM TO:
CAZENOVIA YOUTH SOCCER or (CYSA)
P.O. BOX 562
CAZENOVIA, NY 13035

Fall 2019

This flyer is being distributed by the School District as a community service to students and parents of the School District for information purposes only. This program is not affiliated with nor endorsed in any way by the School District.