

PLAYER

Last Name _____ First Name _____ Grade _____

Address _____ City _____ State _____

Zip _____ Birth date ____/____/____ Sex: ☐ M ☐ F Phone _____ Email _____

Person to Notify in an **EMERGENCY**: _____ Phone _____

Mother's Name: _____ Father's Name: _____

FEES: 1st Child-_____ 2nd Child-_____ 3rd Child-_____ PAID\$_____ CHK#_____

JERSEY SIZE: : YS YM YL AS AM AL AXL SOX: S M L

IMPORTANT

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, A MINOR, AGREE THAT I AND THE PLAYER WILL ABIDE BY THE RULES AND REGULATIONS OF FIFA, THE USYSA & CYSL, ITS AFFILIATED ORGANIZATIONS AND ITS SPONSORS, ("USYSA-CYSL PARTIES.") IN CONSIDERATION OF THE PLAYER'S PARTICIPATION IN THE SOCCER PROGRAMS AND THE ACTIVITIES OF THE CYSL PARTIES, (THE "PROGRAMS.") I, FOR MYSELF, AND THE PLAYER, AND OUR RESPECTIVE HEIRS, ADMINISTRATORS, AND SUCCESSORS INTENDING TO BE LEGALLY BOUND, HEREBY RELEASE, DISCHARGE AND/OR INDEMNIFY THE PARTIES, (INCLUDING THE CATHOLIC YOUTH SOCCER LEAGUE,) 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 AND FROM ANY PROGRAM, WHICH TRANSPORTATION IS HEREBY AUTHORIZED. I FURTHER ATTEST THAT I HAVE MY OWN HEALTH AND INJURY INSURANCE. FURTHER, I UNDERSTAND THAT CYSL INSURANCE PROGRAMS ARE SECONDARY IN NATURE, AND ARE NOT MEANT TO REPLACE OR SUPPLEMENT MY OWN INSURANCES.

Please NOTE: By signing this, you certify that you currently have your own Health Insurance, and understand that the CYSL only provides secondary insurance.

NAME _____

Parent/ Legal Guardian (Please Print)

SIGNATURE X _____ DATE ____/____/____

This YEAR, All Games will be played, OUTDOORS at the BSA fields in Austintown, OHIO

The season will begin APRIL 18th TO JUNE 6TH. DOUBLEHEADER MAY 30TH. NO GAMES OVER MEMORIAL DAY WEEKEND. CYSL REPS WILL TURN-IN ALL FINAL SIGN-UPS BY MARCH 12, 2020

NOTE: This is an instructional co-ed program. Any player may play-up to an older age level. However, no players may play down.

If the CYSL is unable to roster at least 4 teams in any age group, players will be given an option to play-up or receive a full refund.

NOTE: If you are interested in COACHING or CO-COACHING, please let any Representative or CYSL Officer know ASAP.

Are there any Allergies, Medical Problems, or Medications that the CYSL and/or Medical Personnel should be informed about?

YES _____ NO _____

If yes please Explain:

- I hereby give my consent permitting The Catholic Youth Soccer League personnel to apply First Aid treatment until the family Doctor can be contacted. YES _____ NO _____
- In the event the designated preferred practitioner is unavailable, I hereby give my consent to The Catholic Youth Soccer League personnel to secure another licensed practitioner. YES _____ NO _____
- I hereby give my consent to The Catholic Youth Soccer League personnel to secure ambulance service and transfer the player to _____ (preferred hospital) or any reasonably accessible hospital. YES _____ NO _____

COACHES need to bring this form for all games and practices