

CYSA Membership Form (Paper Form)
Covington Youth Soccer Association
 P.O. Box 1983 Covington, LA 70434
 Region: 3 State: 45 District: 6 League: 7
 Or register online at www.covingtonsoccer.com

New Registration
 Re-Registration
 Birth Date verified: Yes No Hold By _____
 Recreational U4 -17
 Competitive U11-19

Circle Age/ Groupings by Birth Year/Grid is for Seasonal Year (Fall/Spring) 20__-20__

Under 6 Under 8 Under 10 Under 12 Under 14 Under 16 Under 18 Under 19
 3-5 yr 6-7 yr 8-9 yr 10-11yr 12-13 yr 14-15 yr 16-17 yr 18yr (DOB in the year of the fall season)

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: _____

Father's Occupation (Optional): _____ Cell: _____

Mother's Name: _____ Phone(W): _____ Email: _____

Mother's Occupation (Optional): _____ Cell: _____

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

Number of years playing soccer: _____ Last Team Name: _____

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

FALL and Spring Seasons		
Rec U6 thru U10	\$145	_____
Rec U11 thru U17	\$175	_____
Competitive U11 thru U19	\$200	_____
Fall or Spring Only		
Rec U6-10	\$75	_____
Rec U11-17	\$90	_____
Comp U11-19	\$100	_____
Summer Camp (June-July)	\$25	_____
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: 5-25-16

 Name of Parent/Legal Guardian (please print)

 Signature: Parent or Legal Guardian Date