CHARLESTOWN YOUTH SOCCER
FALL 2009
PLAYER REGISTRATION FORM

Parent / Guardian

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Player Information

Full Name	**M/F**	**Birthday**	**Grade** (PK,K,1,2,3,4...**)**

Cost

$40 per child, $30 per sibling	Registration:	$_____
$25 per uniform (includes shirt & shorts) **	Uniform(s):	$_____
$5 per pair of socks	Socks:	$_____
Tax Deductible Donation to CYSA	Donation:	$_____
(** Players may use last year's uniform)	Total Payment	$_____

Make check payable to: *Charlestown Youth Soccer Association*

Directions

Please fill out form completely and return with payment to any of these locations:

Mail
CYSA
PO Box 290021
Charlestown, MA 02129

Drop Off
Lindy Williamson
47 School St
Charlestown, MA 02129

Waiver

I/We know that participation in soccer may result in injuries and that protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Charlestown Soccer Association, organizers, sponsors, supervisors, coaches, and participants from any claim arising out of injury to my/our child whether the result of negligence or for any other cause.

_____ _____

Parent / Guardian Date