CHARLESTOWN YOUTH SOCCER ASSOCIATION
FALL 2008
PLAYER REGISTRATION FORM

Parent / Guardian

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Player Information

Full Name	**M/F**	**Birthday**

Cost

$40.00 per Child, $30.00 per Sibling
$25.00 per Uniform**
Tax Deductible Donation To CYSA:

Registration: $_____
Uniform(s): $_____
Donation: $_____

Total Payment:$_____

Make Check or Money Order Payable to *Charlestown Youth Soccer Association* and **Mail To**:

CYSA
P. O. Box 290021
Charlestown, MA. 02129

** Players Can Use Last Year's Uniform

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