

CHARLESTOWN YOUTH SOCCER
 SPRING 2008
 PLAYER REGISTRATION FORM

Parent / Guardian

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Player Information

<u>Full Name</u>	<u>M/F</u>	<u>Birthday</u>

Cost

Returning CYSA Player, using uniform from the fall	\$20	
Returning CYSA Player, needs new uniform:	\$40	Circle One
New to CYSA, includes insurance and uniform	\$50	

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