

PLAYER REGISTRATION FORM

Cortland County Youth Soccer Association (CCYSA)



PROGRAM INFORMATION

The CCYSA summer soccer program is a recreational, youth, outdoor soccer program intended to introduce and instruct young players on the fundamentals of soccer in an encouraging atmosphere. Practices begin early July with 4 home & 4 away games played from July 22 to Aug. 16. Games will typically be on Monday and Wednesday nights (boys) or Tuesday and Thursday nights (girls). Fridays and Saturdays will be used occasionally for make-up games. Information such as rosters, schedules, and field locations will be posted on the CCYSA website at: www.CCYSAsoccer.org. Games will be played in Cortland (BOCES & Starr Rd), McGraw or Marathon.

*Register on-line or mail the form and payment to CCYSA, P.O. Box 145, Cortland, NY 13045 by the registration deadline, June 1. After June 1, a late fee will be assessed and players will be added to a Waiting List and not guaranteed to play.

PART 1 - PLAYER INFORMATION

Player Name: _____ Gender: Male Female

Home Address: _____

City, State _____, New York Zip Code: _____

Mother / Guardian Name: _____ Cell / Home Phone: _____

Father / Guardian Name: _____ Cell / Home Phone: _____

Email Address: _____

Date of Birth: _____ Age as of 9/1/2019: _____ School Grade as of 9/1/19: _____

Cincinnatus Cortland Homer Marathon McGraw Truxton Other School: _____

League (ages): 6U (5 & 6) 8U (7 & 8) 10U (9 & 10) 12U (11 & 12)

Other information: _____

PART 2 - PLAYER T-SHIRT

You will be able to order your team shirt in the size you need. There will be shirts to try on at all registration dates. If you order the wrong size and a new shirt needs to be ordered, you will be asked to pay the cost.

T-Shirt Size: Youth Small Youth Medium Youth Large Youth XL
 Adult Small Adult Medium Adult Large Adult XL



PART 3 - MEDICAL INFORMATION

Known Medical Conditions: _____

Known Medicine Allergies: _____

Other Information: _____

PART 4 - EMERGENCY CONTACT

The Parents / Guardians listed above will be contacted first unless noted otherwise. List any additional contacts below.

First Contact Name(s) _____ Home Phone: _____

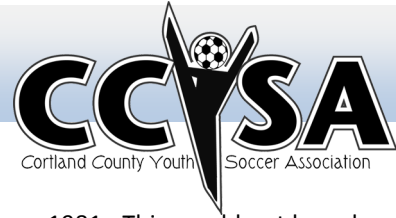
Relationship to Player: _____ Cell Phone: _____

Second Contact Name(s) _____ Home Phone: _____

Relationship to Player: _____ Cell Phone: _____

PLAYER REGISTRATION FORM

Cortland County Youth Soccer Association (CCYSA)



PART 5 - VOLUNTEER INFORMATION

CCYSA has been providing soccer excitement and enjoyment to our community since 1981. This would not have been possible without the participation and dedication of so many volunteers. Let us know how you would be willing to help!

Volunteer Name(s) _____ Phone: _____

Relationship to Player: _____ Birthdate: _____ Email: _____

Coach Assistant Coach Town Organizer Age Group Coordinator

Apparel Committee Equipment & Fields Fund Raising Other: _____

Volunteer T-Shirt Size: Adult Small Adult Medium Adult Large Adult XL / XXL / XXXL

PART 6 - PARENTAL CONSENT

Consent for Medical Treatment (minor)

As the parent or legal guardian of the above named player I hereby give my consent for the emergency medical care by a licensed physician or emergency responder. This care may be given under whatever conditions are deemed necessary to preserve life, limb, or well being of my dependent. I consent for a member of Cortland County Youth Soccer Association (CCYSA), its principals, or representatives to act in my behalf.

Liability Waiver

I hereby certify that it is with my full knowledge and consent that the above applicant may take part in the Soccer Program. I will not hold the Cortland County Youth Soccer Association (CCYSA), its principals, or representatives responsible for any injury my child may sustain while engaged in this program.

Photo Release

I hereby give permission for any photos, portraits, slides, films or sketches of myself and/or my child taken during Cortland County Youth Soccer Association (CCYSA) activities to be used for publicity, advertising, and/or promotional purposes. This includes, but is not limited to, web page publication, program flyers, newsletters, etc. The release will be retained by CCYSA and will be valid for one year from date signed unless revoked in writing by the individual or their legal representative.

Zero Tolerance for Abuse Policy

To help prevent physical assault and verbal abuse, CCYSA has adopted the New York State West Youth Soccer Association's (NYSWYSA, or Association) ZERO TOLERANCE POLICY. This policy applies to all Coaches, Players, Parents, Spectators and other Supporters and Referees effective immediately. Abusive and obscene language, violent play/conduct, fighting and other behavior (including, but not limited to sarcasm, taunting, etc.) deemed detrimental to the game between the above mentioned groups will not be tolerated. The entire policy found here: <http://www.nyswysa.org/zero-tolerance-policy/>

Player Name: _____ Date: _____

Parent / Guardian Name: _____ Signature: _____

PART 7 - PAYMENT

Payment in full by the final registration date is required to participate. Please register online, bring registration forms to one of the registration days or mail it to:

CCYSA, P.O.Box 145, Cortland, NY 13045 **(Please make checks payable to CCYSA.)**

\$40 Cost per player Cash / Amount: _____

\$5 Discount for online registration Check # / Amount: _____

\$5 Discount for child #2

\$5 Late Fee (after June 1) CCYSA Representative: _____

Date Paid: _____ Registrar Reviewed: _____



PART 8 - CONTACT INFO

Dave Bordwell, CCYSA President SummerPrograms@CCYAsoccer.org