

CICERO YOUTH SOCCER LEAGUE

PO Box 1371, Cicero, NY 13039

Player Last Name:		Player First Name:	
Address:		City/State/Zip	
Parent's Name:		Email Address:	
Phone:	Cell:	Date Of Birth:	Gender:

UNIFORM		
Size Available	Shirt	Short
Youth Small		
Youth Medium		
Youth Large		
Adult Small		
Adult Medium		
Adult Large		
Adult X Large		

REGISTRATION FEE for 2009		
<i>Refunds for Medical Condition Only</i>		
Savings	No. of Children	Fee
\$ -	1	\$ 65.00
\$ 10.00	2	\$ 120.00
\$ 40.00	3	\$ 155.00
\$ 65.00	4+	\$ 195.00

AGE MATRIX
<i>Placement is based on age as of April 1, 2010</i>
6U = B'day between 4/2/03 - 4/1/05
8U = B'day between 4/2/01 - 4/1/03
10U = B'day between 4/2/99 - 4/1/01
13U = B'day between 4/2/96 - 4/1/99
16U = B'day between 4/2/93 - 4/1/96

TEAMMATE or COACH PREFERENCE:

The League will try to place the player according to preference, but can not guarantee that placement. *Player's will be placed on age-appropriate teams regardless of preference.*

Coach: _____

Teammate: _____

Indicate Season (circle):		
Spring	Fall	Both

CONSENT FOR MEDICAL TREATMENT: As a parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name: _____

Signature: _____

Date: _____

List Medical Condition(s) and/or Allergies:

PERMISSION: I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsor Cicero Youth Soccer (hereafter CYS). In consideration of the player's participation in the soccer programs and activities of the USYSA and CYS, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify CYS, the owner and operators of the facilities and programs used for CYS 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 players' participation in the CYS programs including, without limitation, player's transportation to/from any CYS program which transportation is authorized.

Parent Name (print)

Signature

Date

ADMINISTRATIVE ONLY				
Date:	Time:	Amount:	Check No.:	Cash