



# PLAYER REGISTRATION 2018-2019 SEASONAL YEAR

Registration # \_\_\_\_\_

CSYS VERIFICATION
DOB: _____
ADDRESS: _____
CITY CARD #: _____
BY: _____

Please fill out and attach with:  
 Copy of Birth Certificate  
 Copy of Utility Bill *(proof of Coral Springs residency)*  
 Cash or check made payable to **C.S.Y.S.** for:  
 U6-U8: \$115, U10-U14: \$125, U15-U19: \$135

Are you a: (please check one)     New Player     Returning Player

IF NEW TO CSYS: How many years of prior soccer or organized sports experience? \_\_\_\_\_  
 Ever played on 'Travel' Soccer Team? \_\_\_\_\_    School Team? \_\_\_\_\_

Last Name	First Name	Middle Initial
Street Address (and Apt #)	City	Zip Code
Primary Phone # (with area code)	Secondary Phone # (with area code)	
Birthdate (mm-dd-yyyy)	Gender / Circle one:    MALE    FEMALE	
E-Mail Address (xxxxxx@xxx.xxx) - please print NEATLY!		
Parent(s) / Guardian(s) Name(s) - please print		

**PLEASE NOTE REFUND POLICY:**  
**A FULL REFUND WILL BE ISSUED PRIOR TO OCTOBER 20, 2018 (less a \$20 Administrative fee)**  
**NO REFUND FOR ANY REASON AFTER OCTOBER 20, 2018**  
**All requests must be received in writing (email is acceptable) by the Registrar prior to OCTOBER 20, 2018.**  
**By signing this registration form, you are agreeing to and understand our refund policy.**

PERMISSION TO PARTICIPATE: I, the parent/guardian of the registrant listed above, expressly acknowledge and agree: (1) the game of soccer is a contact sport which involves a risk of bodily injury to each participant; (2) to disclose any physical and/or mental condition or ailment of the registrant listed above, which may in any way increase the risk of injury to either the registrant or to other participants; (3) Coral Springs Youth Soccer, Inc., reserves the right to prevent registrant from being accepted as a participant in the soccer program, I hereby release, waive, discharge, covenant not to sue, hold harmless and agree to indemnify Coral Springs Youth Soccer, Inc. and all persons, officers, coaches and officials, including the owners of fields and facilities used for the program, from any and all liability as a result of any injuries, hurt or damages sustained by registrant as a result of his/her participation in the soccer program and/or being transported to or from the same; (4) by signing this registration form you acknowledge and accept that your child may be photographed during the season and such photographs may appear on our website and/or marketing publications and are the sole property of Coral Springs Youth Soccer.

It is the policy of Coral Springs Youth Soccer, in accordance with Florida ss. 943.0438, that any child who participates in youth soccer and exhibits signs of a concussion must be removed from the game, or practice and be evaluated by a healthcare provider. Your child will not be allowed to participate in play, including games or practices until he/she has been cleared (written medical clearance) by a healthcare provider. Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

I, the undersigned, have read and voluntarily sign the release and waiver of liability and indemnification agreement, and further agree that no oral representations statements or inducements apart from the foregoing written agreement have been made and further verify that the information on the registration form is accurate and complete.

**SIGNATURE:**  
 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_