



PLAYER REGISTRATION

2021-2022 SEASONAL YEAR

Please fill out form and attach:
 Copy of Birth Certificate or Passport
 Copy of Utility Bill (*proof of Coral Springs residency*)
 Cash or check made payable to **C.S.Y.S.** for: U6-U8: \$100, U10-U14: \$120, U15-19U: \$140

CSYS VERIFICATION
DOB: _____
ADDRESS/CITY _____
Non Resident CARD #: _____
REGISTRATION # _____
Board Member: _____

Are you a: (please circle one) **New Player** **Returning Player**

NEW to CSYS? How many years of prior soccer or organized sports experience? _____

Have you played on a school team? YES NO Position played: _____

Have you played on a "travel" soccer team? YES NO Position played: _____

Player Last Name	Player First Name	Middle Initial
Street (Apt #)	City	Zip Code
Primary Phone #	Secondary Phone #	
Birthdate (mm-dd-yyyy)	Gender / Circle One: MALE FEMALE	
E-Mail Address (xxxxxx@xxx.xxx) - Please PRINT		
Parent(s) / Guardian(s) Name(s) - Please PRINT		

PLEASE NOTE REFUND POLICY: *A refund request will be accepted until October 15, 2021 (less a \$20 Administrative fee). NO REFUND FOR ANY REASON AFTER October 15, 2021. All requests must be received by email by October 15, 2021. Email csysadmin@csys.org 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:

- The game of soccer is a contact sport which involves a risk of bodily injury to each participant.
- 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.
- Coral Springs Youth Soccer, Inc., reserves the right to prevent registrant from being accepted as a participant in 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;
- 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.

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 _____