CPYSC Registration Form

Club Use Ony

☐ Minis Age: 3 ☐ Kickers Ages: 4-7 ☐ Intramural Ages: 6-8 ☐ CP Academy Ages: 7-8 ☐ Travel Ages: 8-18

Season: ☐ Fall ☐ Spring

Check #: _____ Amt: $ _____

Travel Only: ☐ RG6 Form ☐ Photo ☐ Birth Certificate (copy) ☐ Player Signature Card

Player Information

Player's Name _____ Birth Date ____ / ____ / ____ ☐ Boy ☐ Girl Age Group U-____

Street Address _____ Apt: _____ City _____ State _____ Zip _____

Brother(s) / Sister(s) in CPYSC _____ Name _____ Team _____ Name _____ Team

Father's Name _____ Home Phone _____ Cell Phone _____

Father's Address _____ Apt: _____ City _____ State _____ Zip _____

e-mail Address _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Address _____ Apt: _____ City _____ State _____ Zip _____

e-mail Address _____

In case of emergency when parent/guardian cannot be reached, please contact the following:

Contact Name _____ Home Phone _____ Cell Phone _____

Volunteer Information Please check any box if you, or anyone you know, is interested in helping with the following:

☐ Coaching ☐ Board Member ☐ Field Maintenance ☐ Fundraising ☐ _____

Medical Information

Allergies, Medical Conditions or Medical Requirements: _____

Physician _____ Phone Number _____

Insurance Carrier _____ ID # _____ Group # _____

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer and/or EPYSA, their sponsors, the USSF and it's affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer and/or EPYSA programs and/or being transported to or from the same, which transportation I hereby authorize.

_____ Parent Signature _____ Date _____ Relationship to Player