

# Chillicothe Youth Soccer League, Inc.

## “Working for Kids”

38 ( rear ) South Paint Street, Chillicothe, OH 45601 (740) 779-0114

[www.chillicotheyouthsoccerleague.com](http://www.chillicotheyouthsoccerleague.com)

### PARENT LEGAL GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical programs or prohibition player has: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

### CHILD'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School: \_\_\_\_\_

Previous Team: \_\_\_\_\_ Last Season Played: \_\_\_\_\_ # Seasons Played: \_\_\_\_\_ Boy/Girl

**SHIRT SIZE:**    **Y-Small**    **Y-Medium**    **Y-Large**    **A-Small**    **A-Medium**    **A-Large**    **A-X/Large**

I, the parent/guardian of the registrant, a minor, agree that the registrant will abide by the rules of USYSA, OSYSA, CYSL, and FCFC its affiliated organizations, sponsors, coaches, referees and members. Recognizing the possibility of physical injury associated with soccer, other athletic programs and in consideration for USYSA, OSYSA, FCFC and CYSL accepting the registrant for its soccer programs, other athletic programs and activities. I hereby release, discharge and/or otherwise indemnify USYSA, OSYSA, CYSL, and FCFC its affiliated organizations, coaches, referees, members, sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the games, practices and other related activities, which transportation I hereby authorize. Permission is hereby granted to CYSL to use pictures of the programs in any promotional materials.

As the Parent or Legal guardian of the named above player, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or a Doctor of Dentistry and minor injury care administered by coaches or referees, this care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependant. I hereby attest that all information provided on this registration form is true to the best of my knowledge.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Volunteers Run CYSL, How can YOU Help?**

Head Coach                      Assistant Coach

Sponsor                         Fund Raising

Committee Member         Other

Name of Volunteer: \_\_\_\_\_

#### **FEES**

**\$45.00 PER CHILD**

#### **OFFICE USE ONLY**

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Team \_\_\_\_\_

Assigned: \_\_\_\_\_

Players who played the previous season, signed up during the regular registration period and who do not move up an age group will try to be placed on the same team. It is the policy of the CYSL that players or guardians may not request certain teams.