Include with form, check or money order made out to "CLYSC" & submit by August 31, 2010 and a copy of the player's birth certificate
(if not submitted since Fall 2008).

MAIL TO: CLYSC * PO BOX 1547 * CANYON LAKE, TEXAS 78133
Registration Fee is $95.00 before September 1, 2010.

Fall 2010

Please Print Player Information

Name: _____
LAST FIRST MIDDLE INITIAL

Mailing Address:_____
STREET CITY ZIP

Home Phone:_____ Alternate Phone:_____

Player's Date of Birth:_____ Current Age:_____

Gender: ☐ Boy ☐ Girl # of Prior Seasons Played: _____ What Club(s)_____

Father	Work Phone	Cell Phone	Email
Mother	Work Phone	Cell Phone	Email

Please list email address, as email will be one of the primary means of communication.

As the parent or legal guardian of the above named player; **(1)** I hereby give consent to 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 life, limb or well being of any dependent. **(2)** I agree that the registrant and I will abide by the rules of Canyon Lake Youth Soccer (CLYSC) and it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for CLYSC/STYSA accepting the registrant for its soccer programs and activities (hereafter called Program), I hereby release, discharge and/or otherwise indemnify CLYSC/STYSA, its affiliated organizations and sponsors, their employees and associated personnel and Comal County against any, whether personal or property, claims by/on behalf of the registrant resulting from registrant's participation and/or being transported to or from same, Program related events; **AND (3)** I acknowledge that **CLYSC has a ZERO TOLERANCE Policy**. Comments and/or actions being perceived as negative or confrontational toward any player, coach, Referee, parent, or spectator WILL NOT BE TOLERATED. CLYSC reserves the right to ban any individual from the Complex.

SIGNATURE of PARENT/LEGAL GUARDIAN:_____ DATE:_____

Parental/Legal Guardian Signature REQUIRED to complete registration.

LIST ANY SPECIAL REQUEST, PLAYER MEDICAL PROHIBITIONS, OR LIMITATIONS BELOW:
Examples: Siblings on same team; Avoid placement w/particular team/coach; medical limitation-asthma, etc.

TEAM SUPPORT – Please circle any areas which you would be interested in assisting.
REFEREE* HEAD COACH** ASSISTANT COACH** BOARD MEMBER** CONCESSIONS FUND RAISER FIELDS
Other_____
* must be certified ** Will need to be registered with KidSafe & have Coach license(s) on file.

Registrations post marked and received after 9/1/2010 will be assessed a $25.00 late registration fee.
Families w/multiple players & a financial need to split payments should include 50% deposit & agreement designating date to pay balance due prior to end of season.
** Registrations received after September 1, 2010 will be subject to team availability on a first come, first serve basis. **
CLYSC does NOT guarantee that requests will honored.

Check Website, www.clysc.org, for further registration information.

OFFICIAL CLYSC USE ONLY

Registration Received Date		Payment Method		Total Due	$
Fee Due	$	Late Fees	$	Payment Received	$
Team Assigned:				Scholarship Amount	$

Player's			Team:					
Age Group	U5 Coed U6 Coed	U8 Coed U8 Coed	U10 Girls U10 Boys	U12 Girls U12 Boys	U14 Girls U14 Boys	U16 Girls U16 Boys	U17 Girls U17 Boys	U18 Girls U18 Boys