



Canyon Lake Youth Soccer Club

Player Registration Form

Mail to: CLYSC PO Box 1547 Canyon Lake, TX 78133

Player Information

Please Print

Player Name _____
 Last First MI
 Date of Birth ____/____/____ Current Age _____ Gender Male Female Hm Number (____) - _____
 Address _____
 Street City Zip
 Number of prior seasons played _____ Previous Club(s) _____

List any special requests, player medical conditions or limitations below: (i.e. Siblings on same team; medical limitation-asthma, etc.)

include copy of child's birth certificate if not submitted since fall 2008

Parent/Guardian Information

Please list email address, as email is the primary means of communication.

Mother

Name _____
 Work (____) - _____
 Cell (____) - _____
 Email _____

Father

Name _____
 Work (____) - _____
 Cell (____) - _____
 Email _____

Team Support

Help support your team and club. Check all areas you are willing to participate in.

- Head Coach ^{1,2} Assistant Coach ^{1,2} Board Member ¹ Concessions Fund Raiser Field Mnt. Referee ³
 Other _____

¹ Will need to pass background check and be registered with KidSafe ² Need to have/obtain coaches license/module ³ Must be certified

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 its 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. (4) At no time will a refund be given in excess of 50% of the original fee; and all refund approvals/denials are based solely on the discretion of CLYSC's governing board

Parent/Guardian Signature _____ Date ____/____/____
 Parental/Legal Guardian Signature REQUIRED to complete registration.

For more information or additional registration forms please visit our website: www.clysc.org

INTERNAL USE ONLY

Reg. Received: ____/____/____ Season: Fall Spring 20____ Players Age Group: U ____ Coed Boys Girls
 Payment Method Cash Money Order Check # _____ Received By: _____
 Registration Fee: \$ _____ Late Fee: \$ _____ Total Due: \$ _____ Payment Received: \$ _____
 Team Assigned _____