



CVYAA 2025 Fall Soccer Registration

CVYAA is looking forward to another great fall soccer season! Please complete the registration form and mail to Nicki Goff. Practices will begin the first week of school in September. Details regarding practice schedules and teams will be determined by the end of August. Please be sure to include email information on the registration as that is the most efficient means to contact everyone in the group. If you do not have access to email, accommodations will certainly be made.

If you are interested in coaching or assistant coaching, please indicate on the registration form and if possible, send a quick email to me at wwright5333@yahoo.com. Volunteers are crucial to this program so please consider helping if you are able.

We are continually trying to improve and grow our soccer program to meet the needs of our students as they progress through the sport to prepare them for soccer at the high school level.

PLEASE RETURN BY 6/5/2026

Cost: \$25.00 per player with a \$50.00 cap per family.

PayPal link / QR code https://www.paypal.com/donate/?hosted_button_id=SCCGEBAUUA5H2



Checks made out to: **CVYAA**

Questions/Contact: Wendy Wright (CVYAA Soccer Lead) wwright5333@yahoo.com / 570-767-0610

Registration form / Checks can be mailed to: Nicki Goff 534 Lester Rd Montrose, PA 18801

Child's name: _____ Phone: _____

Email address(es): _____

Shirt size: Youth S Youth M Youth L Youth XL Youth XXL (Or adult size)

Grade entering: _____

Emergency Contact: _____ Emergency phone: _____

List any medical conditions or allergies: _____

I would like to help with: (circle all that apply)

Coaching Assistant Coach Team Mom Concession stand

The CVYAA attempts to run a fun recreational program. However, as with any athletic event accidents can happen. By signing this form, you agree to use your insurance carrier as the primary coverage for any accidents and **do not hold CVYAA or any of its officers or coaches responsible**. As parents/guardians of this child I hereby give full consent for my child's participation and certify that he/she is in good health.

Signature: _____ Date: _____