



## Christian Youth Athletics Soccer REGISTRATION & LIABILITY RELEASE FORM



Player's Name	Birthday	Age/Sex _____/_____	
Mother /Guardian(s) Name	Cell Phone	Work Phone	
Father /Guardian(s) Name	Cell Phone	Work Phone	
Best Email Address	Home Phone		
Home Address (Number & Street)	City	State	Zip
Emergency Contact (Other than parent)	Best Phone		

**Circle One: Uniform Shirt Size:** YXS YS YM YL AS AM AL AXL

Health Insurance (Provider & Policy #) \_\_\_\_\_

Please explain any special health concerns that your child has here: \_\_\_\_\_

List any allergies: \_\_\_\_\_

I give permission for my child to take part in the Christian Youth Athletics (CYA) Soccer Season. In the event of an injury or medical emergency, I hereby authorize Christian Youth Athletics volunteers to administer First Aid, call 911, and/or take the above named child to a physician, for emergency room treatment at the nearest available hospital. I accept full responsibility for damages to equipment and uniforms while in my child's possession. If damages do occur, I will pay the cost to replace the damaged item(s). I release Christian Youth Athletics, Rock City Church, and all Christian Youth Athletics Member Churches & League Partners from liability for accidents or injury that may occur to my child. I understand that I am fully responsible for any legal or court fees should I ever decide to take legal action against the league or its member affiliates. I understand that my child's photograph may appear in CYA media releases, web, or print publications of the league or its' sponsors. I understand that CYA does not offer refunds for any reason.

I have read the above statements and hereby give my written consent.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parents:** Please check the areas where you will volunteer your service. Thank you!

- Head Coach/Manager (Director will contact you to explain league requirements)
- Assistant Coach (Director will contact you to explain league requirements)
- Team Parent       Concession Stand Volunteer       CYA Explosion Volunteer
- Business Sponsor (League Director will contact you about opportunities available)

**Season Program (Check all that applies):** Send your child a note of encouragement or advertise your business!

I would like to include a message to the child listed above in the season program (Limit 25 words max) Additional \$10

Write your message here: \_\_\_\_\_

I would like to advertise my business in the season program (League Director will contact you)