



# The Colony Youth Soccer Association Registration Form Fall 2018

## PLAYER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Gender \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School Grade \_\_\_\_\_  
MM/DD/YYYY

Email Address (REQUIRED) \_\_\_\_\_

New Player  Returning – Draft Pool

- Returning – Team: \_\_\_\_\_

I understand that by requesting to return to the same team,  
my child may “play up” up to 2 age groups

Early Registration 4-21-18 to 4-30-18 \$35 for players born 1-1-11 to 7-31-15 and \$45 for players born 1-1-2000 to 12-31-2010

Regular Registration 5-1-18 to 7-21-18 \$45 for players born 1-1-11 to 7-31-15 and \$55 for players born 1-1-2000 to 12-31-2010

Late Registration 7-22-18 and after \$65 for players born 1-1-11 to 7-31-15 and \$75 for players born 1-1-2000 to 12-31-2010

## PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact Name \_\_\_\_\_

- Check This Box If Address Is The Same As Above  Mother  Father  Other \_\_\_\_\_

I’m Volunteering As A  Coach  Board Member  Other \_\_\_\_\_ (Please Specify)

Mailing \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

## ALTERNATE PARENT/GUARDIAN CONTACT INFORMATION

Alternate Contact Name \_\_\_\_\_

- Check This Box If Address Is The Same As Player’s Above

I’m Volunteering As A  Coach  Board Member  Other \_\_\_\_\_ (Please Specify)

Mailing \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

## PAYMENT INFORMATION

Paying

By:  Cash

Check

Check Number: \_\_\_\_\_

Name, address, phone number & driver’s license # must appear on all checks.

There will be a \$35 fee for all returned checks.

- Credit Card **Visa or MasterCard (Circle One)**

CC Number \_\_\_\_\_ Expiration \_\_\_\_\_ Billing Zip \_\_\_\_\_  
MM/YYYY \_\_\_\_\_ Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to pay the above amount according to credit card issuer’s terms & conditions.

Financial Assistance is available for those who qualify. Inquire at The Colony Parks & Recreation Department.

## EMERGENCY CONTACT INFORMATION

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Contact Name _____	Phone _____
Contact Name _____	Phone _____
Allergies _____	
Other Medical Conditions _____	
Physician's Name _____	Phone _____
Insurance Co. _____	Phone _____
Policy Holder _____	Policy Number _____

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**BY REGISTERING MY CHILD WITH THE COLONY YOUTH SOCCER ASSOCIATION I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:**

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- I understand my child will not be placed on a team until all registration fees have been paid
- I understand that the costs of uniforms and/or equipment are NOT covered by the registration fee.
- I understand my child will not be placed on a team until proof of age (e.g., a birth certificate) is provided to TCYSA for age verification.
- I consent to receive team and or league communications from The Colony Youth Soccer Association in electronic form. (TCYSA does not sell email addresses or other personal information to any outside entities.)
- I grant TCYSA the right to use the player's name, pictures and/or likeness in printed, broadcast and other material concerning the league provided such use is related to the player's status as a participant in the league.

Please be certain your child wants to play BEFORE you pay. **No Refunds will be issued unless we CAN'T place you on a Team.**

Parent/Guardian  
Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Take this form to The Colony Recreation Center, 5151 North Colony Blvd., The Colony, TX 75056

Monday - Friday 6:30am to 9:00pm - Saturday 8:30am to 6:00pm - Closed Sundays



Alternatively, you may register online at: [www.tcyasa.net/registration](http://www.tcyasa.net/registration)

TCYSA is proudly sponsored by:

