



The Colony Youth Soccer Association Registration Form Fall 2019

PLAYER INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Mailing Address _____ City _____ State _____
 _____ 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 4-27-19 to 5-6-19 \$40 for players born 1-1-12 to 7-31-16 and \$50 for players born 1-1-2001 to 12-31-2011
 Regular Registration 5-6-19 to 7-6-19 \$50 for players born 1-1-12 to 7-31-16 and \$60 for players born 1-1-2001 to 12-31-2011
 Late Registration After 7-7-19 \$70 for players born 1-1-12 to 7-31-16 and \$80 for players born 1-1-2001 to 12-31-2011

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 Address _____ City _____ State _____
 _____ 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 Address _____ City _____ State _____
 _____ 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 MM/YYYY _____ Billing Zip 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

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

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

- 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

TCYSA is proudly sponsored by:

