



A 501(c)(3) org

CAMDEN YOUTH SOCCER CLUB
 P.O. BOX 1525 • CAMDEN, NJ 08101 • 856-232-0763
 Website: www.cysc.us Email:
 CamdenYouthSoccer@yahoo.com

SPRING SEASON: April 17 – June 19, 2010

Youth Soccer for ages 4 – 15!

REGISTRATION COST: \$10

UNIFORM COST: \$20

PLEASE PRINT

NEW PLAYER? (CIRCLE ONE): YES NO	IF NO, WHEN WAS THE LAST YR/SEASON PLAYED?
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YOUTH'S FIRST NAME _____ MI _____ LAST NAME _____

YOUTH'S ADDRESS _____ CITY _____ ZIP CODE _____

YOUTH'S BIRTH DATE (mm/dd/yy) _____ AGE _____ CIRCLE ONE: MALE FEMALE

YOUTH'S SCHOOL _____ GRADE _____

SCHOOL ADDRESS _____ CITY _____ ZIP _____

CIRCLE SIZE: SHIRT: SM M LG XL AS AM PANT: SM M LG XL AS AM YOUTH'S HT _____ WT _____

MOTHER'S NAME _____ HOME PH _____ CELL _____

MOTHER'S EMAIL _____

FATHER'S NAME _____ HOME PH _____ CELL _____

FATHER'S EMAIL _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

OTHERS LIVING AT SAME ADDRESS ALSO REGISTERED THIS SEASON _____

HOW DID YOU KNOW ABOUT THIS SEASON?	1-Flyer from school	2-Flyer from _____
3-Recd Postcard	4-Saw Lawn Sign at _____	5-Posted in window at _____
6-Banner over street	7-Heard it on TV Channel _____	8-Heard it on Radio Station _____
9-Heard it from _____	10-Recd email from _____	11-Saw it on internet at _____
13-Other _____		

I certify that my child is in excellent health and may participate in strenuous physical activities including soccer. I recognize that soccer is a contact sport and injuries are possible. I agree to hold Camden Youth Soccer Club, any of its subsidiary organizations, officers, servants, agents, coaches, employees, contractors, and/or volunteers harmless from any and all claims of injuries sustained by my child during his/her participation in the soccer club program. I agree to execute an appropriate medical release. I understand that player placement on teams will be at the discretion of the club and only requests for sibling placement and age group elevation will be processed. I authorize that my child/children's photo image can be used to promote youth soccer. I have verified that all information on this form is correct and accurate and that I have read and understood the preceding statements.

Signature of Parent or Legal Guardian **X** _____ Date _____

Please circle at least one of the following parent support positions:

- Coach
- Asst. Coach
- Team Parent
- Field Prep
- Water Station
- Registration Aide
- Inventory
- Fundraising
- Parent Committee
- Other _____

FOR OFFICIAL USE ONLY – write in \$ amt pd...		
\$ Amt pd: Reg _____	Unif _____	Other _____
How pd? CASH - CHK # _____ (get chk approved)		
Club Official: _____		Date: _____
<i>Refunds are at the discretion of CYSC</i>		