

Clearcreek Youth Soccer Association

2009 FALL SOCCER REGISTRATION

Girls & Boys * Ages 4 - 17

Deadline is June 1, 2009

2 ways to register

1. Easiest! Online at

www.cysa.sayvillage.com

★ *online payment option now available*

2. By mail: Send registration, volunteer screening form and check to:

**CYSA
P.O. Box 341
Springboro, OH 45066**

Registration Fees

Post Marked by June 1st

\$55.00 per child

\$125.00 per family

(Family = 3 or more)

Post Marked after June 1st

\$75.00 per child

\$165.00 per family

(Family = 3 or more)

Important Information:

- No guarantee of team placement for player registrations post marked after June 1, 2009
- Registration is closed as of July 15, 2009 (except Minors/Seniors)
- Registration forms must be received and fees paid before your child will be placed on a team.
- No refunds unless player not placed on a SAY team
- Registration will be held open for Minors/Seniors (14-17 years old- coed combined teams) through August 2008 (with no late fee). Minor Players will not be contacted until the end of August.
- According to SAY National Rules, once teams are formed no player movement is permitted. Players may be on only one SAY team at a time.
- CYSA supplies each player with shirt, shorts, and socks. Parent is responsible for shin guards and shoes.
- **CYSA may not honor special requests.**

Only children with August and September birthdates may request to play up 1 division so they can play with their peers. Request must be in writing and attached to registration form, along with proof of grade. No exceptions, please.

If you have not received a call from your child's coach as of Aug 1st please use the 'contact us' link on the website: www.cysa.sayvillage.com

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 Springboro, OH 45066
 www.cysa.sayvillage.com

2009 FALL SOCCER REGISTRATION

CHECK #: _____
 CASH: \$ _____
 AMOUNT: \$ _____

Registration Fee
 Postmarked after 6/1/09
 \$75.00 per child \$165.00 per family
Minors/Seniors only
 \$55.00 per child \$125.00 per family
 Make check payable to: **CYSA**
 A charge will be added for all returned checks.

PLEASE COMPLETE ALL SECTIONS - ONE CHILD PER FORM

 Child's Last Name First Name M.I. Gender

 Child's Street Address, Apt. , City, State and Zip Code

 Child's Home Phone Date of Birth ____/____/____
 MM DD YYYY

 Mother's/Guardian's Name Cell Phone Father's/Guardian's Name Cell Phone

 E-Mail Address Sibling in Same Division (to play on same team)

 List Any Relevant Health or Physical Limitations (Asthma, Allergies, Etc.) (do not use this space for special requests)

DIVISION	CANDY LEAGUE	PASSER	WINGS	STRIKERS	KICKERS	MINORS/ SENIORS
AGES*	4 Years Old	6-7	8-9	10-11	12-13	CO-ED 14-17
Circle 1	5 Years Old					
*Age of child on July 31st. Written requests to play in different age division required for CYSA board approval.						

CYSA IS RUN ENTIRELY BY VOLUNTEERS. WE NEED YOUR HELP!

- Head Coach Assistant Coach Referee
 Team Parent Committee Helper Sponsor

 Name of Volunteer(s) or Sponsor

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GAURDIAN SIGNATURE _____ Date _____