

For Official Use only:

Registration Registrar Medical Age
Date/Time: _____ Initials: _____ Paid _____ Waiver? Y N (attach) Group: _____

Cowlitz Youth Soccer Association Registration Form

Please Print

Player Name: _____ Gender: M F Birthdate: _____

Street Address: _____
City/State Zip: _____

Parent/Guardian Name: _____

Home Phone: () _____ Cell/Message Phone: () _____

Email: _____ Seasons Played: _____

Coach/Friend Request: _____ School: _____

(Coach/Friend Request Not Guaranteed)

Jersey Size: _____

Home Soccer Club:

Castle Rock/Toutle _____ Kalama _____ Kelso _____ Longview _____

Important: Please read accompanying waivers carefully before signing

Release of claims: I, the parent/guardian of the minor registrant, agree that in consideration for the registrant being allowed to participate in Washington Youth Soccer (WYS) and Cowlitz Youth Soccer Association (CYSA) programs and activities we have been given and agree to the following waivers:

WA State Referee Committee:

- *Code on Concussions
- *Sudden Cardiac Arrest Awareness

WA Youth Soccer:

- *Medical Release,
- *Barriers to Abuse
- *Positive Coaching Alliance
- *Player Photo/Video Release

*All Clubs Code of Conduct- CYSA Clubs

*For Participants of Minority Age

*Concussion Information Sheet

*Waiver/Release for Communicable Diseases Including COVID-19

CYSA is planning for a regular fall season. Should unexpected new mandates be released, CYSA will make any necessary adjustments to get players on the field. My signature below indicates my willingness for my child to participate in whatever season CYSA can provide under the Return to Play guidelines from WYS.

Signature of Parent/Guardian: _____ Date: _____

Thank you for your flexibility so that we can get our kids back out on the field!