

# Cooke County Soccer Association

PO Box 1532, Gainesville, TX 76241

## Player Registration Form

Office Use: Division

Player Last Name:		Player First Name:	
Gender: <i>Male Female</i>	Date of Birth:		<i>(Office Use: Verified Y/N)</i>
Physical Address:			
Mailing Address <i>(if different than above)</i> :			
City:	Zip:	<b>**Do you pay City of Gainesville Utilities? Y N</b>	
Contact Phone:			
Email:			
School:	Grade:		
Last Team/Coach:	Number of seasons played:		
Siblings currently registered w/ CCSA:			
<b>Jersey:</b>	YOUTH: x-small small medium large	ADULT: small medium large	x-large
<b>Shorts:</b>	YOUTH: x-small small medium large	ADULT: small medium large	x-large
Father's Name:		Cell Phone:	
Mother's Name:		Cell Phone:	
Emergency Contact <i>(not parent/guardian)</i> :		Cell Phone:	
<b>Any Additional Information Regarding Player</b>			
<i>Please Circle All Areas of Interest:</i>			
COACH	ASST.COACH	REFEREE	LEAGUE COMMISSIONER BOARD MEMBER
<b>IMPORTANT:</b> I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the Aprograms). I hereby release, discharge and /or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.			
Parent/Guardian Name <i>(please print)</i> :			
Signature:		Date:	

Fees Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_