

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</i> <i>Female</i>			Date of Birth:		<i>(Office Use: New Player DOB Verified Y/N)</i>				
Physical Address:									
Mailing Address <i>(if different than above)</i> :									
City:			Zip:		**Do you pay City of Gainesville Utilities? Yes No				
Contact Phone:									
REQUIRED Email address:									
School:					Grade:				
Last Team/Coach:					Number of seasons played:				
Siblings currently registered w/ CCSA:									
Jersey: YOUTH: X-small small medium large ADULT: small medium large X-large									
Shorts: YOUTH: X-small small medium large ADULT: small medium large X-large									
Father's Name:					Cell Phone:				
Mother's Name:					Cell Phone:				
Other Contact <i>(not parent/guardian)</i> :					Cell Phone:				
Any Additional Information Regarding Player									
<i>Please Circle If You Are Interested In Being:</i>									
COACH					REFEREE				
IMPORTANT: 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 _____