

Cooke County Soccer Association

PO Box 1532, Gainesville, TX 76241

PLAYER REGISTRATION FORM

Office Use: Division

Last Name:		First Name:	
Gender: Male	Female	Date of Birth:	(Office use: DOB verified: Y N)

Address:		* Do you have City of Gainesville Utilities: Y N	
City:		Zip Code:	
Mailing Address (*if different than above):			
Best Contact Phone #:			
REQUIRED Email:			

School:	Grade:
Last Team or Coach:	# of seasons played:
Siblings currently registered with CCSA:	

JERSEY SIZE:	YOUTH	XS	S	M	L	ADULT	S	M	L	XL
SHORT SIZE:	YOUTH	XS	S	M	L	ADULT	S	M	L	XL

Father Name:	Phone #:
Mother Name:	Phone #:
Other Contact	Phone #:

ANY ADDITIONAL INFORMATION REGARDING PLAYER	**SPECIAL REQUEST ARE NOT GUARANTEED**

Every team must have 2 VOLUNTEERS who pass a State background check			
No Volunteers = No Teams			
WILL YOU HELP?	COACH	ASSISTANT COACH	TEAM PARENT

PARENTAL APPROVAL & MEDICAL RELEASE: Recognizing the possibility of physical injury associated with soccer participation and in consideration for North Texas State Soccer, USSF, USYSA and their respective member affiliates (the "soccer parties") accepting the registrant for its soccer programs & activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the "soccer parties" and their sponsors, employees & associated personnel, including the owners of the fields & facilities utilized for the "programs" against any claim by or on behalf of the registrant as a result of the registrant's participation the "programs" and/or being transported to or from the same, which transportation I hereby authorize, by my signature below, I confirm that my son/daughter is physically capable of participating in the "programs". I hereby give consent to have an athletic trainer and/or Doctor of Medicine or Dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent Name:
Parent Signature: Date:

Fee Due: \$ _____ Amount Paid: \$ _____ Balance Due: \$ _____

Rec'd by: _____ Check #: _____ Cash: _____ Other: _____