

CYAA Soccer 2010

Ages 4 through 7 & Club players use this form

Player Name: _____ Home Phone: _____
Birth Date _____ Age as of 8-1-10 _____ Grade: _____ Gender _____
Address: _____
City/State/Zip: _____
Prior Soccer Experience: _____
Mother: _____ Cell Phone: _____
Father: _____ Cell Phone: _____
In Case of emergency call (other than above) _____

Uniforms:

Youth T-Shirt Size XS S M L Youth Short Size XS S M L
Adult T-shirt Size S M L Adult Short Size S M L
Socks Size Youth or Regular

Acknowledgment & Assumption of Potential Risk

I, the undersigned, acknowledge that the CAMBRIA YOUTH ATHLETIC ASSOCIATION, INC. is a non-profit entity which merely sponsors the above named activity at the facilities of the Coast Unified School District, the San Luis Coastal Unified School District, the Cambria Community Center, and local parks. While coaches and volunteers do their best to provide a safe environment, athletic participation involves risk of injury. The CYAA not provide medical insurance to cover injuries to any player or spectator. I understand that I am responsible for my own transportation to and from the activity and the CYAA assumes no liability for loss or injury resulting from my transportation. Your signature below as the parent or legal guardian means you understand the above and assume all risk of injury to your own child and the risk to any other participant or spectator which may be caused by your child's participation in CYAA activities. You agree to indemnify and hold harmless the CYAA, all the facilities listed above, any of their officers, employees or volunteers from any claims or illnesses arising out of or in any way connected with the above mentioned activities. You hereby release them from all such liabilities. My child has no known medical condition, which may pose a risk to the health and safety of my child or others by participating in the activities.

Please note any medical condition: _____

Parent/Guardian Signature

Print Name

Date

Parent Participation Needed

Coach

Assistant Coach

Team Parent

Sponsor (\$150.00 per team)

Return Completed Form to The Cambria General Store at 850 Main St. Cambria CA 93428
Enclose check made payable to CYAA. Please note player name on check memo.

Registration Fee: \$65.00 (\$5.00 discount for siblings.)

Amount Paid: _____ Cash Check # _____