



CHEHALIS FALL SOCCER 2016



Please mail payment to:
Chehalis Youth Soccer Club
P.O. Box 957
Chehalis, WA 98532

Questions?
Call CYSC Registrar @ 360.520.2860
or email: chehalissoccer@aol.com

The local school district does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the local school district shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards.

Teams for each gender are formed for players U6 through U14 age groups. Games start in September and will finish late October. One or two games scheduled each week. Please go to www.chehalissoccer.org to register for boys and girls soccer U-6 to U-14 and Coaches Registration. Registration will be open from Mid May -July 1st. **Players will not be officially placed on a team until payment has been received by CYSC AND/OR any unpaid balances taken care of.**

Fees:

First Child

IF BORN IN THE YEAR:

2011/12	U6	\$45.00
2009/10	U8	\$50.00
2007-08	U10	\$50.00
2005-06	U12	\$65.00
2003/04	U14-U16/U18	\$65.00

PLEASE REFER TO THESE YEARS TO REGISTER FOR THE APPROPRIATE AGE

CATEGORY:

Second Child (or more)

U-6	\$40.00
U-8 and U-10	\$45.00
U12-U18	\$60.00

****New players will need to send in a copy of Birth Certificate to keep on**

file.**

If you complete the registration and turn it in BEFORE July 1st you may also deduct \$5.00 from the total. (This is family discount for early registration, *not* a per child discount.)

If you complete the registration ON/AFTER the 1st of July you must add a \$10.00 late fee. (Per family, *not* per child.)

Registrations will not be accepted after July 10th, but you may call 360-520-2860 and place your child on a waiting list.

(Please note that if you request a waiver to play up a division, and it is accepted, you will be responsible paying the higher registration fee.)

Name _____		
Address _____		
Phone _____	Cell Phone(s) _____	
Email _____	Birth date _____	Gender _____
School _____	Grade _____	T-shirt Size _____

Emergency Information

<input type="checkbox"/> Special Request/Waiver _____	Doctors name _____
_____	Doctors Phone # _____
_____	Insurance Name _____ Insurance Phone# _____
_____	Insurance Group _____ Insurance ID # _____
_____	Emergency Contact _____
_____	Emergency Contact Phone# _____
_____	Allergies or Special Needs _____

<input type="checkbox"/> Concussion Waiver(ON REVERSE)	<input type="checkbox"/> Player Fee \$ _____
<input type="checkbox"/> Birth Certificate (NEW PLAYER, PLEASE ENCLOSE)	<input type="checkbox"/> Tax Deductible Donation (\$8.00)

Total Paid:
Checks Payable: Chehalis Youth Soccer Club

Parent/Guardian Signature _____

Date: _____

NOTE: Players will not be officially registered until payment in full is received by Chehalis Youth Soccer Club.
Age Limit: No players born after July 31st 2007