

CAJUN YOUTH SPORTS INC.

SOCCER REGISTRATION FORM

Forms can be mailed to, 501 S. Central St. Delcambre, la. 70528

Community your child will be playing for: _____

Example: Abbeville, Delcambre, Erath, Gueydan, Kaplan, Vermilion (Mt. Carmel)

We need a copy of Birth Certificate:	Please Print:	Please Circle one:
Date of Birth: ____ / ____ / ____	Age of child on Aug. 1st ____	Sex: M or F
Child's Full Name: _____		
Parents Name: _____		
Address: _____	City: _____	Zip: 705 ____
Phone Numbers # () - () -		

At CYS we want everyone to know what is expected from them. The more info that is given out, the less problems that may occur... We are a team at CYS and we expect everyone to help where they can! The more that help, the easier it will be on all involved! Thank you for your understanding.

I have been given a copy of the Parents Handout and the Spring Fundraiser Handout Initial ____.

I understand that if my child quits, don't want to play, is injured or if there is a natural disaster or pandemic causing us to cancel the entire season, **NO REFUNDS** will be given back to me. Initial ____.

I agree to help with Soccer's Popcorn Fundraiser! Which is done in Spring.. Each player is responsible to sell 3 cones of Popcorn or 1 gift basket for their team to be eligible to participate in the end of the season playoff tournament! Initial ____.

I understand that every child must purchase & wear a sanctioned CYS uniform to participate in all CYS games, it is the parent's responsibility to purchase their child's uniform or find a sponsor.

(Uniforms are \$30.00 a set & comes with Jersey, shorts & socks.) Initial ____.

If a player turns 20 or older during any point of the season, they can not be covered on our medical insurance!!! Initial ____.

No player can start practice until the CYS office has a copy of their Birth Certificate or Driver License, Initial ____.

I understand and agree to follow the rules set forth in the Handout and those listed above,

Parent's Signature: _____ **Date:** _____

We are always looking for volunteers for the following positions; Please check a box if you are interested: If a volunteer is needed for any of these positions, Cajun Youth Sports Inc. will contact you. Coach: _____ Asst. coach: _____ (only for U-5 Division Team Mom: _____)

NOTES: (Let us know if your child has special needs due to medical or personal problems.)

BELOW MUST BE FILLED BY LEAGUE REPRESENTATIVE:		
Date: _____	Community: _____	Board Member: _____
U-5Co-ed____, U-7Co-ed____, U-10Co-Ed____, U-14Co-ed____, U-20 Co-ed____,		
Method of payment:		
Check # _____ \$ _____	money order:\$ _____	cash:\$ _____
Venmo: This is a business account, there is a \$2.00 fee to use @CYS72 \$ _____		
Received copy of birth certificate; yes ____ no ____ of ____		
Did they register more than one child; yes ____ no ____ How many children		
Prices: (1) Child \$40.00, (2) children \$60.00 (3) children \$80.00 (4) children \$100.00 for siblings living in same household!		