

# Central Valley Youth Soccer

P.O. Box 1333, Aliquippa, PA 15001

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Travel (U10 and up) Yes \_\_\_\_\_ No \_\_\_\_\_ Age Bracket \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Father Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any medical problems \_\_\_\_\_

Person to notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Fees	Spring 2012
# players/family	
\$65 Registration Fee* (first child)	
\$60 Registration Fee* (add'l child)	
\$15 per shirt	
\$10 Travel fee	
\$10 Late fee	
Total paid	

\*includes \$20 non refundable fee

### I would like to volunteer for:

- \_\_\_\_ Coach Age bracket \_\_\_\_\_  
\_\_\_\_ Assistant Coach Age Bracket \_\_\_\_\_  
\_\_\_\_ Concession Stand  
\_\_\_\_ Field Maintenance  
\_\_\_\_ Picnic Coordination  
\_\_\_\_ Referee (paid)

In house shirt size: YOUTH SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ ADULT SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

RECEIVED SHIRT YES \_\_\_\_\_ NO \_\_\_\_\_

## CONSENT TO USE PROGRAM PARTICIPATION INFORMATION

I give my written consent to Central Valley Youth Soccer to use program participation information including pictures/quotes in videos, PowerPoint, newspapers, website, brochures, television, magazines, and/or newsletters consistent in good taste & not derogatory, degrading, or detrimental to my child(ren) in any way. I understand that there will not compensation of any kind at any point in time for the use of program participation information including pictures/quotes.

YES \_\_\_\_\_ NO \_\_\_\_\_

## NOTICE OF RELEASE

I am a parent or guardian of the above-named minor child (PLAYER). In consideration of acceptance of PLAYER as a participant in the soccer program (PROGRAM) sponsored by Central Valley Youth Soccer (CVYS), I have read and understand, acknowledge and accept the following terms and conditions: CVYS is a non-profit Pennsylvania corporation staffed and operated by volunteers, most of whom are parents, and CVYS is not part of any school district nor any function thereof. As an organization staffed, operated and managed by volunteers, CVYS is dependent upon the parents of its participants and adults in the community to offer and volunteer their time and efforts. CVYS is without the capability, means and/or resources to investigate or check any of the background of its volunteers and the undersigned, on behalf of PLAYER and in his/her own right, as well as that of any other parent or guardian of PLAYER (on whose behalf the undersigned represents he/she has the authority to act), assumes any risks to be associated with or result from CVYS's inability to conduct such investigations. The sponsored activity, soccer, is an active contact sport that entails athletic risks and hazards that can result in injuries to PLAYER. No physical examination of PLAYER is requested or required by CVYS, and any such examination or the determination of the need therefore is accepted as the sole responsibility of the undersigned or guardian of PLAYER.

PLAYER is authorized to participate in all phases of PROGRAM including, but not limited to, practices, games, activities normally related thereto, and travel to and from such activities, and PLAYER and parents or guardians will comply with all rules and regulations adopted by CVYS as to the same;

PLAYER HAS NO KNOWN PREVIOUS OR EXISTING PHYSICAL OR MENTAL INCAPACITIES THAT WOULD INCREASE THE NORMAL RISKS AND HAZARDS OF INJURY FROM THE ACTIVITIES HEREIN AUTHORIZED TO PLAYER OR OTHERS.

All risks and hazards incidental to PLAYER's participation in PROGRAM are assumed by PLAYER and his parents and/or guardians and PLAYER and his parents and/or guardians hereby release CVYS and any of its authorized personnel, the Center Area School District and any other entity which authorizes or permits the use of its facilities or grounds by CVYS or any of the teams or activities it sponsors from any damages arising out of any injury of any kind to PLAYER or derivatively, his parents and/or guardians, from, as a result of or through any involvement in PROGRAM or any activity in any way related thereto.

Any and all types of insurance shall be provided for PLAYER by the parent or guardian and shall be considered primary for the full extent of that insurance program to the extent any injury sustained by PLAYER is covered by such insurance; and in the event CVYS shall obtain any type of insurance, such insurance coverage shall be secondary to the full amount provided for PLAYER by the parent or guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_