

Crawford County Youth Soccer Association

2010 Soccer Registration

CCYSA USE ONLY		
Rcvd _____ / _____	Ck# _____	
Age _____	Flight _____	Exp: _____
M/W		T/Th
	Boys	Girls
Spcl. Notes _____		

Player Information

Name: _____ Birthdate: _____
 Address: _____ Gender: Male Female (circle one)
 City/State: _____ Zip: _____ Phone: _____
 Has the player played on a soccer team before? **Yes No** If yes, how many years? _____
 Has the player played Travel or Scholastic soccer? **Yes No** If yes, how many years? _____

Birth Year	Flight (circle one)	Age/Gender (as of 12-31-10)	Weekday/Time (circle one)	
2005-2006	Flight 0	4 & 5 / CO-ED	Mon/Wed 6:00	Tue/Thur 6:00
2003-2004	Flight 1	6, & 7 / CO-ED	Mon/Wed 6:00	Tue/Thur 6:00
2001-2002	Flight 2	8 & 9 / CO-ED	Mon/Wed 7:15	Tue/Thur 7:15
1999-2000	Flight 3	10 & 11 / BOYS	Mon/Wed 6:00	
1999-2000	Flight 3	10 & 11 / GIRLS		Tue/Thur 7:15
1996-1998	Flight 4	12, 13, & 14 / BOYS	Mon/Wed 6:00	
1996-1998	Flight 4	12, 13, & 14 / GIRLS		Tue/Thur 6:00
1995 & earlier	Flight 5	15-2010 HS GRAD/BOYS	Mon/Wed 7:15	
1995 & earlier	Flight 5	15-2010 HS GRAD/GIRLS		Tue/Thur 7:15

Parent/Guardian Information

Name: _____ Phone#: _____

I permit my child to play soccer and hold blameless the Crawford County Youth Soccer Association, it's sponsors, supporters, coaches, supervisory personnel, directors and / or it's officers for any claims arising out of injury. In case of injury, I give permission to the coach, director, or other person in charge to take my child to the emergency department of Meadville Medical Center. I understand that CCYSA provides **NO** accident insurance and that I must provide my/our own health/injury insurance.

Parent/Guardian Signature: _____ Date: _____

Email address: _____

- ** If birthdate information provided does not match the circled flight, CCYSA Board of Directors will make the necessary adjustment.
- ** Requests to move up a flight must be in writing and will be considered on a case-by-case basis by CCYSA Board of Directors.
- ** Players that have travel or scholastic soccer experience may be asked to move up a flight.
- ** Players cannot be moved down a flight.
- ** Applications are accepted on a first come/first serve basis, space is limited.
- ** There are NO REFUNDS.
- ** There shall be a \$25.00 + bank costs fee for all returned checks.
- ** **No special team assignment requests will be honored.**

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Registration Process:

Send Form and registration Fee (payable to CCYSA) to:
CCYSA
P.O. Box 641
Meadville, PA 16335

REGISTRATION FEES:

\$37.00 Early registration *postmarked by*
March 13, 2010
\$42.00 Open registration *postmarked by*
April 17, 2010

*Applications will be accepted until teams
 are full—\$50.00 fee applies after 4/17/10*

CRAWFORD COUNTY YOUTH SOCCER ASSOCIATION 2010

Welcome to the 26th year of CCYSA soccer. CCYSA is open to all Crawford County youth from the age of 4 (as of 12/31/10) through 2010 high school graduates. Our program is committed to providing opportunities for youth to learn the sport of soccer, improve their soccer skills and practice good sportsmanship.

Soccer Season:

The 2010 CCYSA season will begin on Saturday, June 19, 2010. This will be the only Saturday practice, and is the day that player will meet their coach, receive their game shirts, meet teammates and receive the game booklet. The 2010 season will end August 5, 2010 after the 7:15 games are played.

Registration:

The 2010 registration form is on the reverse side of this letter. There are 2 opportunities to register in the 2010 season:

Early Registration: the best value, is \$37.00 *postmarked* by **March 13, 2010**.

Open Registration: \$42.00, will be held Sat, April 17, 2010 at the Downtown Mall (or may be *postmarked* by April 17, 2009). This will be the last date to register at \$42.00

Soccer Fields:

The CCYSA soccer fields are located on Townline Road, West Mead Township between State Routes 27 and 77. A map and directions can be located at our website (www.ccysa.com). All games and practices will take place at this location. Please note that tobacco use, alcohol consumption and pets (other than service animals) are **strictly prohibited** on CCYSA grounds.

Volunteers:

CCYSA relies completely on volunteers and we need your help! We especially need parents who are willing to coach their children's teams, whether as a head coach, assistant coach, or co-coaching with a friend. A coach's clinic will be offered prior to the start of the season for anyone interested in helping. We are also in need of team parents to coordinate treats, assist the coaches and to help with team photographs. Further volunteer descriptions are available at our website (www.ccysa.com).

If you would like to volunteer, please circle the volunteer role you are interested in:

Head Coach

Assist. Coach

Co-Coach

Team Parent

Please provide

NAME/EMAIL/PHONE: _____

*****Please note: Only two coaches will be assigned to each team with no exceptions.*****

Sponsors:

Area businesses and individuals are invited to sponsor a team. The financial support given by our sponsors enables us to keep registration fees affordable to all. Sponsorship information is available at our website, www.ccysa.com.

Referees:

Again this year, potential referees must complete the referee application which again is offered at the website (www.ccysa.com). Adults and players in Flight 4 or higher can apply. This is a paid position and all accepted candidates will be contacted prior to the start of the season.