



**SUMMER RECREATION 2009 APPLICATION**

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

Parent/ Guardian \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Grade Entering Fall 09 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Grade Division (children entering the grade in the fall) Midget (K-1) Pee wee (2-3) Intermediate (4-5) Senior (6-7)**

Referee Volunteer \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

**Sex** (circle one) M F

Town:                      Marathon          McGraw          Homer/Cort      Trux/ DeRuyter

Shirt Size      Youth: Small    Med    Large

                         Adult: Small    Med    Large    XL    XXL    XXXL

Cortland County Youth Soccer Association has been providing soccer excitement and enjoyment to individuals for over 25 years. We could not have done this without the participation and dedication of so many volunteers. Please let us know how you can help.

<i>Name</i>	<i>Phone</i>	<i>e-mail</i>	<i>Shirt Size</i>
Coach _____			
• Coaches will receive full registration back at the end of the season. 1 "coach" per team (provided equipment is returned at the end of the season)			
Assistant Coach _____			

If you coached last year, do you want a new shirt? YES NO

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Known medical conditions \_\_\_\_\_

**Medical Consent / Liability Waiver \*\*\* You Must Sign Both\*\*\***

**Consent for Medical Treatment (minor):**  
 As the parent/ legal guardian of the above named player I hereby give my consent for the emergency medical care by a licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are Necessary to preserve life limb or well-being of my Dependant.  
**PARENT/ GAURDIAN SIGNATURE      DATE**

**Liability Waiver:** I hereby certify that it is with my full knowledge and consent that the above applicant may take part in the Cortland County Youth Soccer Association, Inc. I will not hold the Association, its principals, or representatives responsible for any injury my child(ward) may Sustain while engaged in this program  
**PARENT/ GAURDIAN SIGNATURE      DATE**

ANNUAL FEE \$30.00

PAID BY:

CHECK CASH

PLEASE MAKE CHECKS PAYABLE TO CCYSA

RECEIVED BY \_\_\_\_\_