



# Crookston Youth Soccer Association Spring Soccer Registration Form

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## **CONTACT INFORMATION:**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Guardian Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## **MEDICAL INFORMATION:**

### **In case of Emergency**

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Alternative Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Physician/Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## **Parent/Guardian Consent Agreement**

I approve the participation of my child in the Crookston Youth Soccer Association (CYSA) Spring Soccer program. Recognizing the possibility of physical injury associated with soccer, I understand that the CYSA does not carry athletic insurance and does not assume responsibility for injuries sustained in practices and/or games. If insurance coverage for injuries is desired, I recognize that such coverage is the sole responsibility of the parent or guardian.

I hereby release, discharge and/or otherwise indemnify the CYSA and associated personnel/volunteers, including the owners of fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent or legal guardian of a participant, I hereby give my consent for Emergency medical care prescribed by a licensed Medical Provider or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

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|--|-------------------------------------|-------------|
| <b>Printed Name of Guardian/Parent</b> | <b>Signature of Guardian/Parent</b> | <b>Date</b> |
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**COST: \$30 per participant (Cash or Check made payable to: CYSA)**

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*Space is limited. Pre-registration is required.*

**Return form and payment to: Crookston City Hall, Attn: Andrea, 124 North Broadway, Crookston, MN 56716.**

*Questions, please contact Sarah Reese 218-349-0457 (text or call)*