

Return Registration Form and Fee to:
Christian Youth Sports Soccer
Cadiz United Methodist Church
482 Lakota Drive
Cadiz, KY 42211

Christian Youth Sports Soccer at Cadiz United Methodist Church Emergency Release/Permission Form

Student Name: _____ Age: ___ Grade: ___ Sex: ___ Birth Date: _____

T-Shirt Size: (Circle One) Youth XS, Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Church child attends (If any) _____

Has student played in the past? (circle one) Yes No If yes, what Team/Coach _____

Parent/Guardian Name(s): _____

Address: _____

Email (Parent): _____

Child's Soccer Experience: (circle one) Beginner Experience Advanced

Parent Interested in Coaching (circle one) Yes No

**(If assigned a team you will be reimbursed your child's registration fee)*

Phone/Cell for Parent for calls & texts: ph: _____ cell _____

In case we cannot reach you, whom should we call in case of an emergency?

Name & Relation to Student: _____

Phone: _____

Insurance Company: _____ Policy # _____

Special Medical Information: _____

Please attach copy of Insurance card

- I give permission for _____ to participate in Christian Youth Sports (CYS) at Cadiz United Methodist Church. I fully understand the dangers and risks involved in connection with soccer, and I am releasing and discharging Cadiz United Methodist Church and/or Cadiz United Methodist Church Inc. and the leaders/counselors/sponsors/coaches of this sport for any liability or responsibility stemming from any injury.
- I give permission for photos/images of my child playing soccer to be on the CYS Facebook page unless I give separate written instructions for them not to be.
- I further agree that I or an adult designee will always be with my child at all times, including practice and games, while participating in CYS. In case of emergency, I hereby give permission to the physician selected by the leaders to secure proper treatment for my child.

Signature of Parent or Guardian:

Date: _____

SPRING REGISTRATION

- \$50 if received before Feb. 28th
- \$55 if received on or after Feb. 28th
- \$60 if received on or after March 7th (Final Date)

Ages 4 thru 6th Grade

VALUES

- Devotional/Prayers before every game & practice
- Team work & Sportsmanship
- Fun & safe atmosphere for everyone
- Balanced scheduling for busy families

PRACTICES

- One hour practices/Once per week
- **Practices at Cadiz UMC to begin week of March 29**
- Designated practice times set by CYSA staff
- Parent Meetings—On first practice at Cadiz UMC

GAMES

- 3V3 format—fast paced game designed to maximize the amount of touches
- Focus on developing fundamentals and having **FUN!**
- 2 twenty minute games
- 10 game season

UNIFORMS

- Jersey and soccer socks provided
- Players/Parents to provide own shoes and shin guards

WANT TO BE INVOLVED?

- Contact any of the CYSA Staff to learn how you can help. Coaches, Referee's, Event Staff, and many more talents needed!

CONTACT INFORMATION

Katie Weeks-270-350-3321 kweeks1992@outlook.com
Jamus Redd-270-498-3316 jrriii@bellsouth.net
Jason Hite-270-350-2635 jason.hite@wabashnational.com