

**- PLEASE RETURN BOTH COPIES WITH PAYMENT-
CHEMUNG VALLEY SOCCER ASSOCIATION REGISTRATION
FEE: \$30 per child; \$25 for the third and each succeeding child**

OFFICIAL USE U _____ B <input type="checkbox"/> G <input type="checkbox"/> / N <input type="checkbox"/> R <input type="checkbox"/>
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PLAYER: _____

LAST NAME FIRST NAME MI GENDER (M/F)
 ADDRESS CHANGED (mark box)

ADDRESS: _____

HOUSE NUMBER AND STREET CITY OR TOWN STATE ZIP
 PHONE CHANGED (mark box)

BIRTHDAY: _____ **AGE:** _____ **PHONE:** () -

MO/DAY/YR AREA CODE

School Attending During Season: _____ **Grade:** _____

Medical Problem(s) or Drug Allergy(s) the above Player has: _____

First time participant Not participated in past year **SEND PHOTOCOPY OF BIRTH CERTIFICATE**

Returning participant: LAST SEASON PLAYED (Ex: Fall 1998) _____
 Previous Experience _____ (i.e.: Travel 1996, 3 Seasons

CVSA)

Choice #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elmira North	Elmira South	Big Flats	Horseheads	Schuylar	Corning

If you wish your child to play outside of his/her geographic area, a letter justifying this request must be submitted with this registration form, to be considered for approval, by the Board of Directors.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency treatment medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Person to Notify In Emergency: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

MUST BE READ AND SIGNED BY PARENT OR GUARDIAN

I, the undersigned, parent/guardian of minor, do for ourselves, executors, administrators, heirs, agree to hold harmless and agree to indemnify the CVSA Board Members, coaches, referees, managers, owners of soccer fields and facilities utilized, or any sponsors, for claims that might be asserted by us or our child as a participant of the game of soccer. I do hereby authorize the officer, leader, or coach agent(s) of the state youth association and of affiliated members to transport as required the above minor to and from association sponsored activities including, but not limited to, athletic and social events.

(Cell): _____

NAME: _____ PHONE (Home): _____ (Work): _____

(PARENT/LEGAL GUARDIAN) - Please Print E-Mail _____

SIGNATURE: **X** _____ DATE: _____

ADDRESS: _____

I WILL HELP IN THE FOLLOWING AREA(S): (please check)

- Coach Asst. Coach Fields Team Parent Referee Board Member

Person willing to Help: _____ **Phone:** _____

Sponsor - **Name of Business:** _____

Sponsor Form Already Mailed Sponsor Form Needed

ADMINISTRATIVE USE ONLY:		
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____	Fee Paid: \$ _____	Fund Raiser: \$ _____
Initials: _____	Date: _____	Check # _____