

CYS Youth Sports & Fitness Registration Form

To Register:

1. Complete the CYS Youth Sports & Fitness registration form (One per child).
2. Your child's Health Assessment/Sports Physical and CYS registration must be current.
3. Please ensure the form is filled out completely and legibly.

Parent Information:

First and Last Name:

Email:

Phone:

I grant permission for my child to be photographed while participating in a CYS program for media release?

Yes No

Child Information:

First and Last Name:

Child's YOB:

Sport Information: Please circle only ONE Sport and ONE division (Year of Birth) below:

<u>Team Sports</u>	<u>Division/ YOB</u>	<u>Competitive Sports</u>	<u>Division/ YOB</u>	<u>Summer/Fall Team Sports</u>	<u>Division/ YOB</u>	<u>Individual Sports</u>	<u>Division/ YOB</u>
Basketball	Little League (2018-2019)	Volleyball	Junior League (2014-2015)	Soccer	Little League (2018-2019)	Track and Field	YOB Eligibility (2009-2019)
	Minor League (2016-2017)				Minor League (2016-2017)		
Cheerleading	Junior League (2014-2015)			Flag Football	Junior League (2014-2015)	Wrestling	YOB Eligibility (2009-2019)
Baseball	Major League (2012-2013)				Major League (2012-2013)		
Softball	Major League (2012-2013)	Senior League (2009-2011)	Cheerleading	Cheerleading	Major League (2012-2013)	Cardio Boxing	YOB Eligibility (2019-2020)
	Senior League (2009-2011)				Senior League (2009-2011)		Senior League (2009-2011)

Uniform Selection:

Power Camp participants receive a jersey, shorts are not included

Uniform Size	Jersey	Shorts
Youth Small (YS)		
Youth Medium (YM)		
Youth Large (YL)		
Youth (XL)		
Adult Small (AS)		
Adult Medium (AM)		
Adult Large (AL)		
Adult Extra Large (AXL)		

Waiver Request:

You may only waive your child up ONE division with the intent of having them with their sibling.

I agree to waive my child up a division: Yes No

If waiving up, please indicate the sibling you want them to play with. We will do our best to put them both on the same team:

Sibling's name: _____

CYS Parent Agreement:

I acknowledge that due to volunteer coach's schedules, field availability and our Youth Sports & Fitness Programs standard operating procedures (SOPs), we may not accommodate your time and day preferences for practices and games. Please sign and date below:

Parent Signature: _____ Date: _____

CYS Youth Sports & Fitness Volunteer Coach:

I would like to volunteer or receive more information on how to become a head coach or assistant head coach:

Yes No

CYS Youth Sports & Fitness Fees Agreement:

There may be other fees that will need to be paid out-of-pocket for some sports (Wrestling, Track & Field, Competitive Basketball, etc.) Your coach will explain in further detail.

_____ (Parent Initials) _____ (Date)

CYS Youth Sports & Fitness Physical Examination Agreement:

My child has a scheduled physical examination on _____ (Date). I agree to bring a copy of the actual physical back **two days** after the scheduled physical. I understand that my child will be taken off the roster and my fund will be refunded if this agreement is not fulfilled.

****An annual Physical Examination (one year from the date it is signed) is required. No child will be allowed to participate in practice or games until a valid physical is provided to the CYS Registration Office.***

CYS Youth Sports & Fitness Late Registration:

I acknowledge my child's late-registration will not guarantee a spot on the team or roster. I acknowledge that my child may not receive the appropriate size uniform that I am requesting. Also, my child may not receive their uniform by the first game because the registration for this sport has already closed.

_____ (Parent initials) _____ (Date)

CYS Youth Sports & Fitness Wait-List Registration:

I acknowledge my child will be put on a wait-list if the sport or roster has been filled. I will be notified at the time of registration my child is on the wait-list. I am not required to pay at time of registration. But once I am notified by CYS Youth Sports & Fitness, I will have **three business days** to make payment at Parent Central Services.

_____ (Parent initials) _____ (Date)