 **CVYAA 2022 Fall Soccer Registration**

CVYAA is looking forward to another great fall soccer season! Registration can be completed online at CVYAA.com (click on soccer link) or by mailing the registration form below. Practices will begin the first week of school in September. Details regarding practice schedules and teams will be determined by the end of August. Please be sure to include email information on the registration as that is the most efficient means to contact everyone in the group. If you do not have access to email, accommodations will certainly be made

If you are interested in coaching or assistant coaching, please indicate on the registration form and if possible, send a quick email to me at nickigoff@yahoo.com. Volunteers are crucial to this program so please consider helping out if you are able.

PLEASE RETURN BY April 29, 2022

Cost: $15.00 per player with a $30.00 cap per family.

Checks made out to: CVYAA

Questions/Contact: Nicki Goff (CVYAA Soccer Lead)

 nickigoff@yahoo.com 570-396-7673

Registration form can be mailed to:

 Nicki Goff

 534 Lester Rd

 Montrose, PA 18801

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Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt size: Youth S Youth M Youth L Youth XL Youth XXL (Or adult size)

Grade entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical conditions or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I would like to help with:** (circle all that apply)

 Coaching Assistant Coach Team Mom Concession stand

The CVYAA attempts to run a fun recreational program. However, as with any athletic event accidents can happen. By signing this form, you agree to use your insurance carrier as the primary coverage for any accidents and **do not hold CVYAA or any of It's officers or coaches responsible.** As parents/guardians of this child I hereby give full consent for my child's participation and certify that he/she is in good health.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_