



Capitol Area Youth Soccer Association
P.O. Box 352
Manor, TX 78653
(512) 302-4580 office; (512) 302-0686 fax
admin@caysa.org

GUEST PLAYER REGISTRATION FORM

Use Birth
Certificate
Names Only

Last		First		Middle Initial		Nickname (if any)			
Mailing Address				City		State		ZIP	
Home Phone			Mobile			Daytime Phone for Adults			
Date of Birth: ____ / ____ / ____						<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Email address		Month		Day		Year			

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

List any medical problem or prohibition player has _____

Height _____ Weight _____ School _____ Grade _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Capitol Area Youth Soccer Association (CAYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the CAYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CAYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Printed Name of Parent/Legal Guardian _____

Signature X _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine 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.

Signature of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus. _____