

WOODLAND YOUTH SOCCER 2016

Central Academy Youth Soccer Association

The mission of Central Academy Youth Soccer Association is to create local community youth leaders through the game of soccer.



FALL SEASON OUTDOOR PROGRAM

Nov 9th, 2016– Jan 7th, 2017

FALL SESSION

\$65 per player with voucher

For Ages 5 to 13 years old

Professional Soccer Trainer

Soccer Training emphasis on:

❖ Technical Skills

❖ Tactical.....

❖ Agility

❖ Games



**Woodlawn Soccer Park
1450 - 16th Street North
St. Petersburg, FL 33713**

Practices:

Wednesdays & Fridays 6:00pm-7:30pm

Games:

Saturdays 9:00am- 12:00pm

Contact: Gerald Morin, geraldmorindoc@gmail.com, 727-742-6883, Director of CAYSA, *Street Soccer Training Camp* and *Street Soccer Advanced TC*, Chairman of USA League Disciplinary Committee

CAYSA

Central Academy Youth Soccer Association

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Woodland Fall Soccer Season "2016 Registration"

CAYSAPinellas@gmail.com, 727-742-6883



Player Information: Circle appropriate age group: U-6 U-7 U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15
(For Ages 5 to 13 years old)

Player Name: _____
Last Name First Name Middle Initial

Birth Date: _____ **Current Age:** _____ **HS Grad Year:** _____

Gender: ☐ Male ☐ Female **Player's experience:** ☐ Recreational ☐ Competitive ☐ None

T-Shirt Size: ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ XXL

Short Size: ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ XXL

Parent Information:

Parent Name: _____

Phone: _____
Cell Home

Address: _____

City: _____ **State:** _____ **Zip:** _____

EMAIL ADDRESS: _____
(Print Clearly)

Volunteer:

Three (3) hours volunteer time is required unless opting to pay the volunteer waiver fee of \$60.00.

Please select an area of interest to complete the volunteer requirement.

☐ Coaching ☐ Field Prep ☐ ~~Concession~~ ☐ Fundraiser ☐ Opt Out (\$60.00)

INFORMED CONSENT/INSURANCE NOTICE:

US CLUB RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of CAYSA/Central Academy Youth Soccer Association, the state association (US ClubSoccer) and all of their affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

WAIVER - BY SUBMITTING THIS REGISTRATION, I HEREBY RELEASE CAYSA/CENTRAL ACADEMY YOUTH SOCCER ASSOCIATION, ALL ITS MEMBERS, ITS AFFILIATES, CITY OF ST PETERSBURG FROM ANY AND ALL CLAIMS AND LIABILITY OF ANY KIND OF PERSONAL INJURY OR PROPERTY DAMAGE DUE TO PARTICIPATION IN THIS CAMP. I CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND IS ABLE TO PARTICIPATE IN ALL ACTIVITIES. IF ANY ATTENTION IS REQUIRED FOR ILLNESS OR INJURY, I GIVE MY PERMISSION TO A STAFF MEMBER FOR SUCH CARE.

I have read, understand and agree to the club's policies and procedures. CAYSA/Central Academy Youth Soccer Association has a **NO REFUND POLICY.**

Parent/Guardian Signature: _____ **Date:** _____

ALL PARTICIPANTS MUST SIGN WAIVER (PARENT/GUARDIAN IF UNDER 18)

To be completed by CAYSA Registrar:

Payment Type: ☐ Cash ☐ Check # _____ **Player Fee:** \$ _____ **Volunteer Fee:** \$ _____ **Total Rec'd:** \$ _____

Player's Shirt Size: _____ **Short Size:** _____ **Age Bracket:** _____ ☐ New Player ☐ Returning Player

Photo: ☐ Yes ☐ No **Birth Certificate?** _____ **Medical Release:** _____

Verified by FYA

Completed & Verified