

Last Name: _____

Year of Birth: _____

2009 YPDP / 2010 ODP REGISTRATION FORM

Pre-Registration Fee \$30

(must be received by the CJSA Office on or before June 12th)

Registration Fee at Field \$40

Please make checks payable to CJSA

(Note: registration fee is non-refundable)

Submit form by mail or bring to tryout:

CJSA ODP Tryouts
11 Executive Drive
Farmington, CT 06032

office@cjsa.org

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: Male Female Date of Birth: _____

CJSA Club Affiliation: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including 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.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent: _____ Date: _____

TO BE COMPLETED BY CJSA STAFF

REGISTRATION #: _____

PAID CHECK # _____

PAID CASH _____