



## 2010 Mail-in Registration Instructions

- \_\_\_\_\_ A. Complete a CYSA 1601 Membership Form for each individual child
- \_\_\_\_\_ B. Determine the registration fee amount from the following chart:

To determine a player’s age group look up the intersection of their birth month and year. The fee amount for the applicable age group and timeliness of registration is shown in the fee table below the age group matrix.

### 2010/2011 AGE GROUP MATRIX

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2006	U5	U5	U5	U5	U5	U5	U5	Too young to register this season.				
2005	U6	U6	U6	U6	U6	U6	U6	U5	U5	U5	U5	U5
2004	U7	U7	U7	U7	U7	U7	U7	U6	U6	U6	U6	U6
2003	U8	U8	U8	U8	U8	U8	U8	U7	U7	U7	U7	U7
2002	U9	U9	U9	U9	U9	U9	U9	U8	U8	U8	U8	U8
2001	U10	U10	U10	U10	U10	U10	U10	U9	U9	U9	U9	U9
2000	U11	U11	U11	U11	U11	U11	U11	U10	U10	U10	U10	U10
1999	U12	U12	U12	U12	U12	U12	U12	U11	U11	U11	U11	U11
1998	U13	U13	U13	U13	U13	U13	U13	U12	U12	U12	U12	U12
1997	U14	U14	U14	U14	U14	U14	U14	U13	U13	U13	U13	U13
1996	U15	U15	U15	U15	U15	U15	U15	U14	U14	U14	U14	U14
1995	U16	U16	U16	U16	U16	U16	U16	U15	U15	U15	U15	U15
1994	U17	U17	U17	U17	U17	U17	U17	U16	U16	U16	U16	U16
1993	U18	U18	U18	U18	U18	U18	U18	U17	U17	U17	U17	U17
1992	U19	U19	U19	U19	U19	U19	U19	U18	U18	U18	U18	U18
1991	Too old to register this season.							U19	U19	U19	U19	U19

### 2010 REGISTRATION FEE TABLE (U5 through U14)

		TIMELY	LATE
		On or before May 15, 2010	After May 15, 2010
	<b>U5 thru U8</b>	<b>\$120</b>	<b>\$145</b>
	<b>U9 thru U14</b>	<b>\$140</b>	<b>\$165</b>

### 2010 REGISTRATION FEE TABLE (U15 and Older)

		TIMELY	LATE
		On or before July 15, 2010	After July 15, 2010
	<b>U15 and Older</b>	<b>\$140</b>	<b>\$165</b>



# Livermore Youth Soccer League



*"Develop, foster and promote an organized youth soccer program to the citizens of the city of Livermore."*

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- \_\_\_\_\_ C. Provide a **copy** of the player's birth certificate or passport only if the player has not been registered previously with the club.
- \_\_\_\_\_ D. Mail the completed membership form, fee payment and copy of birth certificate (if applicable) to:

**LYSL – Registration  
PO Box 881  
Livermore, CA 94551**

Registration packets can also be dropped through the mail slot at the LYSL Office.  
A location map of the league office has been included for your convenience

**LYSL – Registration  
1816 Holmes Street  
Livermore, CA 94550**

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## NOTES:

- Please complete the membership form as thoroughly as possible and include all necessary fees and documents. INCOMPLETE REGISTRATIONS WILL DELAY PROCESSING.
- If you have questions, please contact the Registrar ( [registrar@lysl.org](mailto:registrar@lysl.org) ) or the Director of Administration ( [admin@lysl.org](mailto:admin@lysl.org) ).
- Late Applications / Waiting List – Applications received after the timely cutoff dates shown on the fee table will be considered late and are subject to a \$25.00 late fee. Late applications are placed on a waiting list for placement on a space available basis.
- Applicants placed on a waiting list will be notified of their placement status starting mid-July.



# CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

## MEMBERSHIP FORM

### 2010 / 2011 SEASON



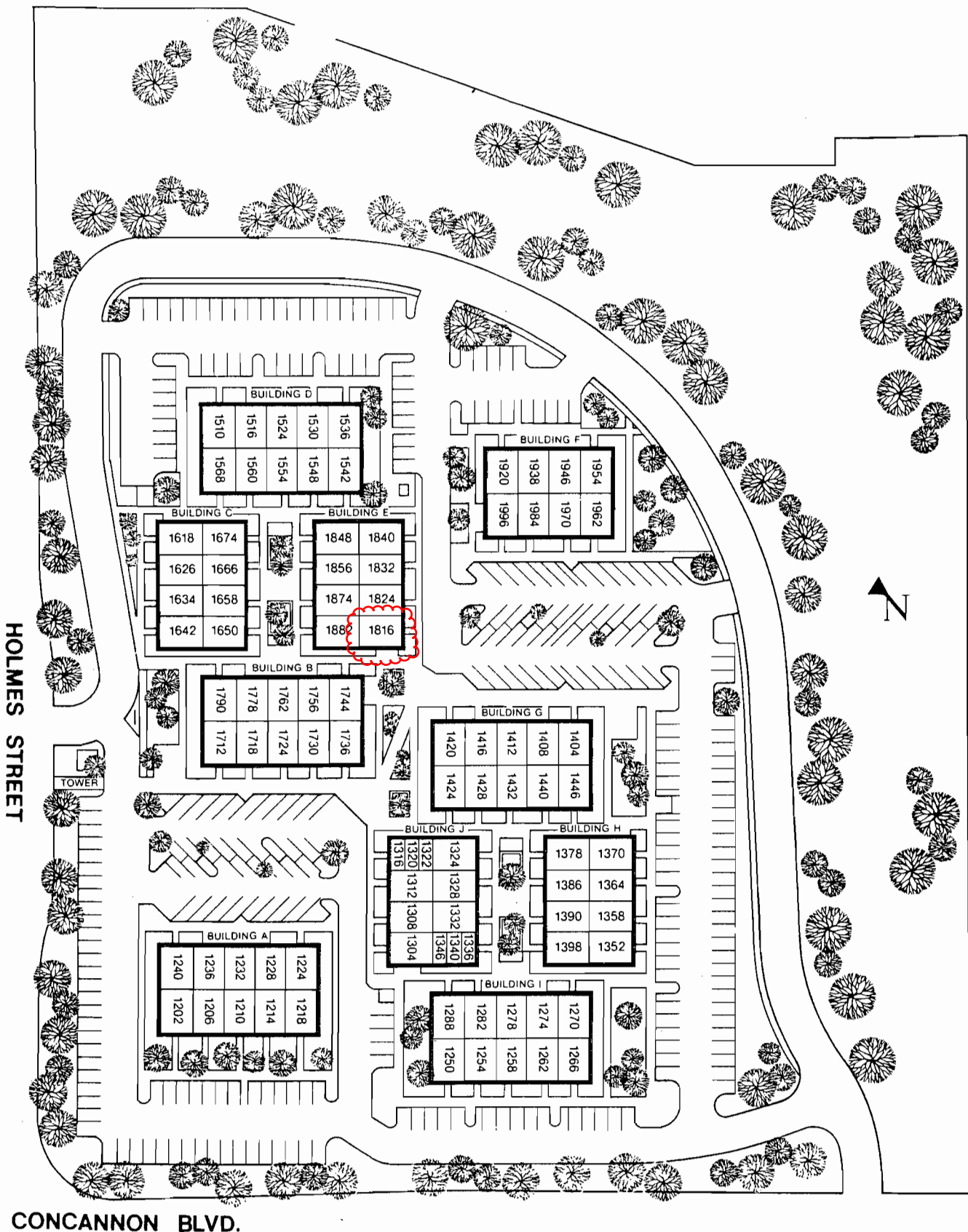
PLAYER INFORMATION	Legal First Name: _____ Mid Init: _____ Last Legal Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD/No Year Req'd): _____ / _____
	School (during season): _____ Grade: _____ Last League & Season: _____ # Prev Seasons: _____
	Team/Friend/Coach Request: _____ <small>Requests may not be honored in all clubs and leagues - check with your local club/league before completing.</small>
	Emergency Contact: _____ Phone: _____ Alt Phone: _____
	List any medical conditions that player has that could affect participation: _____
	Player's Physician: _____ Phone: _____

PRIMARY GUARDIAN	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal	<b>PARENTAL SUPPORT</b> We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help. <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Clerical/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
	Last Name: _____ First Name: _____	
	Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Address: _____	
	City: _____ Zip: _____	
	Home Phone: _____ Cell: _____	
	Business Phone: _____ Email: _____	

SECONDARY GUARDIAN	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal	<b>PARENTAL SUPPORT</b> We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help. <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Clerical/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
	Last Name: _____ First Name: _____	
	Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Address ( <input type="checkbox"/> Same as Above ): _____	
	City: _____ Zip: _____	
	Home Phone: _____ Cell: _____	
	Business Phone: _____ Email: _____	

OFFICIAL USE ONLY	
Dist _____ Lg _____ Club _____ Team _____ U- _____ Div _____	
<input type="checkbox"/> Picture Received	
<input type="checkbox"/> Birth Doc Received	<input type="checkbox"/> Birthdate Verified
<b>Registration Fees:</b>	
Registration Fee .....\$ _____	Rec'd by: _____
Other Fee .....\$ _____	Date: _____
TOTAL \$ _____	<input type="checkbox"/> Csh / Ck # _____
	<input type="checkbox"/> Scholarship

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED	
<p>I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.</p> <p>As the parent/legal guardian of the above-named player, or player age 18 or over, 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 me or my dependent.</p> <p>I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).</p>	
GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____	
SIGNATURE: _____	DATE: _____



CONCANNON BLVD.

# Sunset Office Plaza

Total site area—14 acres • Ten buildings  
 279 parking stalls • Total landscaped area—7 acres  
 A total of 78,750 square feet of office space

1712 HOLMES STREET, LIVERMORE, CALIFORNIA 94550. (415) 447-4600