

Return Registration Form and Fee to:
Christian Youth Sports Soccer
Cadiz Methodist Church
482 Lakota Drive Cadiz, KY 42211

Christian Youth Sports Soccer at Cadiz Methodist Church Emergency Release/Permission Form

FALL REGISTRATION

- \$50 if received by August 7th
- \$55 if received by August 21st
- \$60 if received on or after September 11th

Ages 4 thru 6th Grade

VALUES

- Devotional/Prayers before every game & practice
- Team work & Sportsmanship
- Fun & safe atmosphere for everyone
- Balanced scheduling for busy families

PRACTICES

- One hour practices/Once per week
- Practices to begin week of September 18th
- Games will begin weekend of September 22nd
- Designated practice times set by CYS staff
- Parent Meetings—On first practice at Cadiz Methodist

GAMES U6

- 3V3 format—fast paced game designed to maximize the amount of touches
- Focus on developing fundamentals and having FUN!
- 2 twenty minute games—10 game season

GAMES U9 & U12

- 7V7 format—fast paced game designed to maximize the amount of touches
- Focus on progressing on fundamentals while having FUN!
- 1 40 minute game w/5 minute break/half time between the 20 minutes—5 game season

UNIFORMS

- Jersey and soccer socks provided
- Players/Parents to provide own shoes and shin guards

WANT TO BE INVOLVED?

Contact Katie Weeks to learn how you can help.
Coaches, Referee's, Event Staff,
and many more talents needed!

Katie Weeks

- 270-350-3321—kweeks1992@outlook.com

Student Name: _____ Age: ___ Grade: ___ Sex: ___ Birth Date: _____

T-Shirt Size: (Circle One) Youth XS, Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Church child attends (If any) _____

Has student played in the past? (circle one) Yes No If yes, what Team/Coach _____

Parent/Guardian Name(s): _____

Address: _____

Email (Parent): _____

Child's Soccer Experience: (circle one) Beginner Experience Advanced

Parent Interested in Coaching (circle one) Yes No

**(If assigned a team you will be reimbursed your child's registration fee)*

Phone/Cell for Parent for calls & texts: ph: _____ cell _____

In case we cannot reach you, whom should we call in case of an emergency?

Name & Relation to Student: _____

Phone: _____

Insurance Company: _____ Policy # _____

Please list any Special Medical Information for your child:

Please attach copy of Insurance card

- I give permission for _____ to participate in Christian Youth Sports (CYS) at Cadiz Methodist Church. I fully understand the dangers and risks involved in connection with soccer, and I am releasing and discharging Cadiz Methodist Church and/or Cadiz Methodist Church Inc. and the leaders/counselors/sponsors/coaches of this sport from any liability or responsibility stemming from any injury.
- I give permission for photos/images of my child playing soccer to be on the CYS Facebook page unless I give separate written instructions for them not to be.
- I further agree that I or an adult designee will always be with my child at all times, including practice and games, while participating in CYS. In case of emergency, I hereby give permission to the physician selected by the leaders to secure proper treatment for my child.

Signature of Parent or Guardian:

_____ Date: _____

Christian Youth Sports

Cadiz, Kentucky



Fall 2023 Registration Form