

**Return Registration Form and Fee to:**  
**Christian Youth Soccer**  
Cadiz Methodist Church  
482 Lakota Drive Cadiz, KY 42211  
**FALL REGISTRATION**  
**Open Registration with \$60 Fee from**  
**Wednesday, July 1st—Friday, August 1st**  
**Ages 4 - 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 August 25th**
- **Games will begin weekend of Sept. 5th**
- **Games anticipated to end by October 4th**
- Designated practice times set by CYS staff
- Parent Meetings—On first practice at Cadiz MC

**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 more needed!

Contact **Katie Weeks 270/350 3321**  
kweeks1992@outlook.com

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

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

Preferred Practice Day **ONLY IF NEEDED**: (circle one) Monday Tuesday Wednesday Thursday

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:** \_\_\_\_\_