

**Registration Form**  
**Chambersburg Youth Soccer Association's 3v3 Tournament**

Mail Registration Form and check for \$125 payable to CYSA to:  
Dave Hose  
4018 Lincoln Way West  
Chambersburg, PA 17202

All teams will play a minimum number of 3 games.  
Maximum number of players per team is limited to six (6)  
For Coed Division, there MUST be at least one female on the field at all times.

Team Name: \_\_\_\_\_

Team Coach/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Age Group: \_\_\_\_\_ Circle One: Male Female Coed

Level of Play (circle one): Recreation Competitive Coed

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Player #1 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing below, I will not hold the Tournament Director/Coaches/Referees/CYSA responsible for any injury/accident that may occur before, during or after this tournament.

\_\_\_\_\_  
Player or Parent Signature Date

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Player #2 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing below, I will not hold the Tournament Director/Coaches/Referees/CYSA responsible for any injury/accident that may occur before, during or after this tournament.

\_\_\_\_\_  
Player or Parent Signature Date

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Player #3 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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\_\_\_\_\_  
Player or Parent Signature Date

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Player #4 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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\_\_\_\_\_  
Player or Parent Signature Date

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Player #5 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing below, I will not hold the Tournament Director/Coaches/Referees/CYSA responsible for any injury/accident that may occur before, during or after this tournament.

\_\_\_\_\_  
Player or Parent Signature Date

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Player #6 Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing below, I will not hold the Tournament Director/Coaches/Referees/CYSA responsible for any injury/accident that may occur before, during or after this tournament.

\_\_\_\_\_  
Player or Parent Signature Date

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