

# Instructions for Releases for Players Who DO NOT Reside in Coppell or the CISD boundaries

FOR RELEASE PURPOSES ONLY, CYSA boundaries are the city limits of Coppell and the Coppell Independent School District boundaries. Players living outside these boundaries must be released from their home soccer association in order to play in CYSA.

Any returning or new player who is registered for the current soccer season and resides outside the CYSA boundaries will not be placed onto a team until the required release procedures below have been completed and submitted to the CYSA office.

## Release paperwork is due by the last day of registration of each season

### Instructions for Neighboring Associations

#### I. Irving Residents who do not live inside the CISD boundaries:

1. You MUST pay the \$41\* fee online with your child's online registration for the season.  
\* \$40 - Irving Soccer Association fee to register and release a player for the soccer year  
+ \$1 - to cover CYSA Admin fees
2. Complete and sign both sections of the release form on the next page
3. Return it electronically to [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com) (The file MUST BE LESS THAN 300 KB) or fax to 972-304-8791.
4. CYSA will send Irving Soccer Association \$40/player that pays online along with the electronic release form.

**If you do not** want to follow this procedure, you will need to visit the Irving Soccer Association office in person to complete the release steps and then email or fax a copy of your signed form to CYSA using the information is #3 above. Here is a link to the Irving Soccer Association website for their address and office hours – [www.irvingsoccer.org](http://www.irvingsoccer.org) CYSA WILL ONLY ACCEPT ELECTRONIC COPIES (scanned and emailed or faxed)

**New players** should also submit proof of age (birth certificate or passport) with this form.

#### II. Lewisville, Flower Mound, Highland Village Residents: FREE

Submit the following to CYSA Office\*:

1. Release Form - Fill out only the top portion on the next page.
2. New Players must include a copy of the player's state issued birth certificate or passport

CYSA will fax your paperwork to GLASA on your behalf.

#### III. Carrollton/Farmers Branch Residents:

1. Contact the CFBSA at [office@cfbsoccer.net](mailto:office@cfbsoccer.net) or 972-245-9307 to find out the procedure to obtain a release from their soccer association.
2. Once you have the NTSSA Release Form signed by an agent of CFBSA, email it to [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com) OR fax it to CYSA at 972-304-8791.

#### Other Non-Coppell Residents:

Contact your local soccer association or CYSA for instructions.

#### CYSA Contact Information

Email: [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com)

Fax: 972-304-8791

Office: 972-304-0886

*All non-resident players – complete the top portion of this form.*

***\*Irving Residents fill out the top AND bottom portion of this form.***



**RELEASE  
FORM**

*Affiliated with the United States Federation and  
Federation Internationals de Football Association*

Player's Legal Name:				Rec. <b>X</b>		Boys	Girls
Address:			Phone #:	( ) -	Date of Birth:		/ /
City	State: <b>TX</b>	ZIP Code:			Team Age Group:	<b>U-</b>	

Player Registration #: <i>(for office use only)</i>	Parent Email:
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**REASON FOR RELEASE**

**3. Player/Team requesting Release from Home Association:** *(North Texas Soccer does not sign for this Release, fax to your Releasing Association)*

Name of Releasing Association:	Name of Receiving Home Association: <b>CYSA</b>
<b>A. No team available:</b>	<b>B. Player remaining on prior team in another Assn.:</b>
<b>C. Other reasons (attach details on separate sheet if needed):</b>	

**SIGNATURES**

**X** Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Assoc. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*For players residing outside the CISD boundaries in Irving: Complete the top and bottom portions of this form and send it to [registrar@coppellyouthsoccer.com](mailto:registrar@coppellyouthsoccer.com) or Fax to 972-304-8791 before the close of registration. There is a \$40 fee to be released from ISA which should have been paid online with each player's CYSA registration.***

Last Name		First Name	
Street		Apt#	City
Zip Code	Phone	Male/Female	Birth Date
Father's Name		Work Phone	Cell Phone
Mother's Name		Work Phone	Cell Phone

**IMPORTANT**

We hereby certify that the above information is true and correct. We realize this soccer program is a nonprofit and voluntary program, instituted for the benefit of the youth in the community and we therefore agree to hold no party connected with the team, sponsors, or the league responsible for the injury or harm to the participant during the normal pursuit of team activities. Participation in league activities, playing or practicing, shall not be allowed until this contract has been signed. We, the undersigned do hereby agree to abide by the constitution and playing rules of the league.

Name: \_\_\_\_\_ Signature: **X** Date: \_\_\_\_\_  
Parent/Legal Guardian (please print)