



Mayfield Graves Soccer Club

2023 Fall Season – For All Ages 3-16 as of 2023

MGSC survives off volunteer efforts. Please volunteer!



Where

Register Online at www.gcysa.net

In person at the Indoor Expo II

Mail to P.O. Box 5059 Mayfield, KY 42066

When

Early Bird Online July 1st – July 16th

In person August 15th & 17th 10:00am-12:00pm

August 12th & 19th 5:00pm-7:00pm

Anticipated Changes

This season we are excited to see continued growth and enforcement of our club rules. We are working hard to create a level playing field for all teams, players, and coaches, by enforcing that players are being placed randomly each season. Requests for coaches and teams are only recognized if families apply to Coach, Assistant Coach, or act as Team Manager together, limiting grouping to 3 households. Cherry picking teams

Volunteers Needed

MGSC needs your help! We are looking for motivated individuals with a positive outlook to help foster growth within our organization. We need volunteers to help work on all fronts. If you are interested in working in Field Maintenance, Concessions, Coaching, and Board decisions please let us know while signing your child up.

Sponsor Your Child

We are looking for new sponsors at MGSC. We have a number of options for businesses to advertise and support our youth in one act of kindness. Sponsors help provide the much-needed funding to operate this *Non-Profit Organization*.

Fees

Make checks payable to: GCSA / P.O. Box 5059 / Mayfield, KY 42066

2 - Uniform Shirts (\$20) 1-Home shirt & 1-Away shirt

1 - Uniform Shirt (\$10)

☐ U4 (\$40) ☐ U6 (\$40) ☐ U8 - U12 (\$50) ☐ U14 - U19 (\$50)

☐ SNAP Discounted Rate (\$20) * SNAP benefits ONLY with proof (letter) presented at registration.

☐ Sibling Discount: 1st child is full price & \$10 off each additional child *Does not apply w/ other discounts.

STAY CONNECTED

For More Info & Updates

Message:

www.facebook.com/GravesCoSoccerAssn

Email:

gcsa42066@gmail.com

Visit:

www.gcysa.net

Call:

502-625-5310 leave a message!

IMPORTANT DATES

Board Meetings @ 6:30 pm

Every third Tuesday

Coaches Meeting

To be announced

All Game Days

September 16th, 23rd October 7th, 14th

21st, 28th November 4th

Pictures

To Be Announced at Later Date

REGISTRATION FORM: Please Fill Out All Areas and Print Clearly

Age Category: ☐ Kinder ☐ U6 ☐ U8 ☐ U10 ☐ U12 ☐ U14 ☐ U16

*Some leagues may be combined

Player's Name: Birthdate (mm/dd/yyyy): Gender: M / F

St. Address, City, & Zip: Name of School or Daycare:

Guardian's Names: Email:

Primary Phone #: Secondary Phone #:

Medical Conditions, Disabilities, or Requests:

Please Volunteer: ☐ Coach ☐ Assistant Coach ☐ Team Manager ☐ Board Member ☐ Concessions ☐ Field Maintenance ☐ Other

RELEASE & INDEMNIFICATION/CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. This document gives consent to any hospital or emergency treatment center, doctor, dentist or qualified employee of the same to administer necessary treatment and care. In the event that I cannot be reached for emergency, I hereby give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order injections or surgery for my child.

Signature: Date:

Official Use Only

Rv. 3.13.2022

Paid: ☐ Check ☐ Cash

Check #:

SNAP Benefits: ☐

Sibling Discount: ☐