



Graves County Soccer Association

SPRING 2012 REGISTRATION

FEES: (circle age group) Age as of August 1, 2011

\$45: Kindersoccer (3 yrs)

\$45 each: U6 (4&5 yrs) U8 (6&7 yrs)

\$55 each: U10 (8&9 yrs) U12 (10&11 yrs) U14 (12&13 yrs) U16 (14&15 yrs) U18 (16&17 yrs)

Uniforms: \$25 each - PLEASE FILL OUT A UNIFORM ORDER FORM

FOR REGISTRAR USE ONLY	
Amt. _____	Ch# _____
Cash _____	
Registration Fee \$ _____	
Uniform Fee \$ _____	
Scholarship _____	F or R

What age group will your child be in? (See above) _____ Boy _____ Girl

If you want your child to play in an older age group, please note reasons for that here (Players are NOT allowed to play in younger age groups.)

Player's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

With Whom Does Child Live (Name & Relation): _____

Last 4 digits of Soc. # (must have) _____ Age of Player before Aug. 1, 2011 _____ Birth Date: _____

E-mail _____

Please list siblings of same gender who will be playing in the same age group: _____

Name of Alternate Contact: _____

Phone: _____ Relationship to Child: _____

Parental Support: Please help us! You make your child's soccer experience possible! We need active support and participation from all parents in our program. Please check area(s) in which you would be willing to help: You will be contacted before we commit you to this job.

_____ Coach _____ Assistant Coach _____ Team Parent (making phone calls/organizing snacks)

If we don't have enough coaches, we may have to eliminate teams. Thank you for helping!

Please list any medical conditions or disabilities _____

Please note that depending on number of players in different age groups and genders, some leagues may be co-ed where boys teams have to play girls teams for one or more games.

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 the 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.

Signed: _____ Date: _____

**MAKE CHECKS PAYABLE TO G.C.S.A.
P.O. BOX 5059 • MAYFIELD, KY 42066**