



Grayson County Youth Soccer

mail form to: P.O. Box 43, Leitchfield KY 42755

Fall 2011 Registration

www.graysoncosoccer.com

PLAYER INFORMATION

Last Name _____ First Name _____ M.I. _____

SOCIAL SECURITY # (last 4 digits required): _____

BIRTHDAY (mm/dd/yyyy) _____ Male ___ Female ___

Home Address _____

City _____ State _____ Zip _____

PREFERRED PHONE #1 _____ PREFERRED PHONE #2 _____

PREFERRED EMAIL _____

Age Level: \$35 fee for all players *

Little Kickers _____ born after August 1, 2007

Under 6 _____ August 1, 2005 – July 31, 2007

Under 8 _____ August 1, 2003 – July 31, 2005

Under 10 _____ August 1, 2001 – July 31, 2003

Under 14 _____ August 1, 1997 – July 31, 2001

Uniform: \$30 fee (includes jersey, shorts and socks)

YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Individual pieces may be purchased if needed:

_____ Jersey (\$15) _____ Shorts (\$12) _____ Socks (\$5)

Please list any information different from above:

Father's Last Name	First Name	Home Phone	Cell Phone	Work Phone	Email
_____	_____	_____	_____	_____	_____
Mother's Last Name	First Name	Home Phone	Cell Phone	Work Phone	Email
_____	_____	_____	_____	_____	_____

GCYS is a non-profit organization managed and operated by volunteers. Please indicate how you would like to help.

_____ Coaching _____ Concessions _____ Fields

CONSENT and WAIVER

The registrant and I will abide by the rules and code of conduct of Grayson County Youth Soccer (GCYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for GCYS accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify GCYS, its affiliated organizations and sponsors, their employees, volunteers 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 registrants participation in the Programs and/or being transported to or from the same, which transportation I do hereby authorize. Permission is hereby granted to use of player's name and/or images for printed or other media to promote youth soccer in Grayson County. I, as parent/legal guardian, request that in my absence the above named player be admitted to any hospital or medical facility for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or other such licensed technicians or nurses. Care may be given under any conditions necessary to preserve life, limb or well being of my dependent.

Emergency Contact (other than parent): _____ Telephone: _____

Medical Conditions: _____

Parent Signature: _____ Date: _____

Player Fee: <i>(all levels)</i>	\$ 35.00 *
Uniform Fee:	\$ _____
Family Discount: <i>(\$5 discount for 2nd, 3rd, etc player)</i>	- \$ _____
Total Due:	\$ _____

FEES MUST BE PAID WITH REGISTRATION

Player will not be assigned to a team until full payment is received.

FEES ARE NON-REFUNDABLE

GCYS Use Only:

Check # _____ Cash _____ Received By/Date _____

Uniform Received _____ Uniform Needed _____

Notes _____

GCYS Registrar Use Only:

Database Info _____

Age Level _____ Team Assignment _____