



**Grant County Soccer Association**

Fall 2010 Registration

*Players must be born on or before July 31, 2006*

*Registration Deadline: July 31, 2010*

*Registrations received after July 31, 2010 will be assessed a \$10 late registration fee.*

**NO registrations will be accepted after August 10, 2010.**

All requests for refunds must be in writing and sent to the Association President before August 10, 2010.

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: M / F Birthdate (MM/DD/YYYY): \_\_\_\_\_ Mother's Birthday (MM/DD): \_\_\_\_\_ (to be used for identification purposes only)

Uniform Size: YM YL AS AM AL AXL

Dad's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mom's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Please **circle** the best telephone number to contact for daytime cancellations or postponements)

**Medical Concerns/Special Limitations:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Release of liability/consent for medical treatment/uniform/equipment agreement:**

I, the parent/legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associate with soccer and consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the owners of fields and facilities utilized for the Program and/or being transported to or from the same, which transportation I hereby authorize. As the parent/legal guardian of the above-named player, I herby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medical or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I, the parent/legal guardian of the registrant, a minor, agree that I am responsible for the return of any and all uniforms/equipment the registrant is allowed to use. I understand that if the Grant County Soccer uniform(s)/equipment is/are not returned to the appropriate coach or other GCSA official within one week after the end of the season, I will be billed for the cost of replacement and agree to pay upon receipt of the bill.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

(Parent/Legal Guardian)

**Make Checks payable to:** Grant County Soccer Association

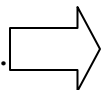
**Mail payment to:** 47927 153<sup>rd</sup> St, Milbank, SD 57252

**www.grantcountysoccer.com**

**Received by Treasurer on** \_\_\_\_\_ **Amt. Paid** \_\_\_\_\_ **Method: Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Forward to Registrar** \_\_\_\_\_ **Fundraiser Amt.** \_\_\_\_\_ **Method: Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_

Please see Page 2 for additional information.....



**Fee Schedule:** effective 4-6-2010

**All age divisions: \$25 for the 1<sup>st</sup> player, \$25 for each additional player Maximum \$50 per family**

**Fees must accompany registrations.**

*Fees are not intended to limit participation. If any family fees prevent the players from participating, please ask for a hardship waiver and submit the waiver with the registration form. All waiver applications will be considered on an individual basis. If a waiver is granted you will be requested to volunteer in some capacity, please note what you would prefer to volunteer for on the application form. Ask a GCSA board member for the waiver form and return the form to any GCSA board member before the registration deadline. All hardship waivers must be submitted at the time of registration. Checks will be returned to the families that have been granted hardship waivers.*

**ALL COACHES WILL RECEIVE A FAMILY FEE EXEMPTION IF APPROVED BY THE GCSA.**

**The Grant County Soccer Association is an all-volunteer organization. This association will not be able to accommodate all players who register unless sufficient numbers of parents volunteer. Thank you in advance for your donation of time in support of Grant County Soccer!!**

**I would like to volunteer to help:**

**Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Referee \_\_\_\_\_ Field Maintenance \_\_\_\_\_**

**Board Member \_\_\_\_\_ Public Relations/Fund Raising \_\_\_\_\_ Weekend Tournament concessions \_\_\_\_\_**

**Special Team Placement Requests:** GCSA will consider requests by players to be placed on the same team. GCSA cannot guarantee such placement. Preference to requests regarding siblings will take precedence. A written request must accompany the registration form.

**E-mail addresses:**

By signing this form, I agree that any email address I provide may be used by the Local and State Soccer Association, US Youth Soccer and any of their assigns to provide me with information about their programs and sponsors.

To opt-out, initial here \_\_\_\_\_.

**Photo Usage:**

By signing this form, I agree and consent that both SDSSA and its member associations have my permission to use my image, photograph, video clip or other similar image, in any format, of either myself or my child, provided (1) the image is taken while I am, (or my child is) a player or participant in one of the various activities, events and competitions sponsored by SDSSA or its member associations or as otherwise allowed by law, and (2) the image is used for one or more of the following purposes: media coverage of soccer activities, SDSSA website use, SDSSA promotional materials, program books, video presentations and for similar purposes related to the activities of SDSSA or its member associations. I further release both SDSSA and its member associations from any liability for any adverse results, which may result from the use of the above named photograph(s) or media images in the manner described.

To opt out, initial here \_\_\_\_\_.

**Name: \_\_\_\_\_ Date: \_\_\_\_\_**

(Parent/Legal Guardian) PLEASE PRINT

**Signature: \_\_\_\_\_**

(Parent/Legal Guardian)