



Travel - League Soccer Spring 2020 Registration

Birthdate between 2001 - 2012

Child's Name: _____ DOB: _____

T-shirt Size (circle one) YS (6-8) YM (8-10) YL (14-16) AS AM AL AXL

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email (list all for contact purposes:) _____

Medical Concerns: _____

Registration Fee is \$125 per player (\$85 for additional siblings). Please make your check payable to GASA or Greenville Area Soccer Association and send to PO Box 163 Greenville, PA 16125. Deadline to register is 02/28/20.

***** There is a \$15 late charge per player for all forms that are received after 02/28/20. *****

New players must provide a wallet-sized photo and a copy of his/her birth certificate. Travel soccer involves Sunday afternoon games. The season runs from mid-March until June. The expectation is that the travel player will attend all scheduled practices, games, and tournaments. Travel soccer is a commitment to participate at a competitive level in a formal team atmosphere.

Travel-League Coaches

We are in need of coaches in order to have a successful program, newcomers welcome (Coaches Clinic Provided)
() YES, I would like to volunteer as a coach. Shirt size (circle one): AS AM AL AXL AXXL

Name: _____ Phone: _____ Team/Age: _____

Volunteers Needed

We always need volunteers for our field prep day. Please indicate below if you are interested in volunteering.

Name: _____ Phone: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Soccer/ Soccer PA, GASA, and its affiliates accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer/ PA, GASA and its affiliated organizations and sponsors their employees and associated personnel, including the owner of fields and activities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant participation in the Programs and/or being transported to or from the same, which is transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of east assistance and/or treatment.

Parent signature _____ Date: _____

