



Recreation - League Soccer Spring 2020 Registration

Birthdate between 2014- 2006

Registration Fee is \$50 per player (\$30 for additional siblings). Registration deadline is March 21, 2020. Please make checks payable to GASA or Greenville Area Soccer Association and send to PO Box 163 Greenville PA 16125.

*****There is a \$15.00 late fee per player for all forms received after March 10, 2020.*****

(The league runs from April until June) "LIKE US ON FACEBOOK"

NO Registrations will be accepted after March 21, 2020

Child's Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email (list all for contact purposes:) _____

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

Gender: (circle one) Male or Female Height: _____

How many seasons has your child played rec soccer? (Fall and Spring count separately) _____

Please describe your child's playing abilities _____

Medical Concerns: _____

Team Sponsor (\$100):

Business Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Rec-League Coaches

() YES, I would like to volunteer as a **HEAD** coach. T-shirt size (circle one): AS AM AL AXL AXXL

() YES, I would like to volunteer as a **ASSISTANT** coach. T-shirt size (circle one): AS AM AL AXL AXXL

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: _____

