



Recreation - League Soccer

Fall 2017 Registration

Birthday between 2004 - 2012

Child's Full Name: _____ DOB: _____

T-Shirt Size (circle one): YS (6-8) YM (10-12) YL (14-16) A S A M A L A XL Gender: Male or Female

Legal Guardian: _____ email: _____

Address: _____ City: _____ Zip: _____

Mother's Name : _____ Phone: _____

Father's Name: _____ Phone: _____

Medical Concerns: _____

Registration Fee is \$50 per player (\$30 for additional siblings). Registration deadline is 07/31/2017. Please make check payable to GASA or Greenville Area Soccer Association and send to PO Box 163 Greenville, PA 16125. * There will be a \$10 late fee for all forms received after 07/31/2017 *****

(The league will run from mid-September through early November.)
"LIKE US ON FACEBOOK"

Rec-League Team Sponsors

The cost is \$100.00 per team and the sponsor's name will be printed on the back of the t-shirts.

() YES, I would like to sponsor a team.

Business/Company: _____ Team/Age Group: _____

Address: _____ City: _____ Zip: _____

Rec-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. T-shirt Size (circle one): AS AM AL AXL AXLL

Name: _____ Phone: _____

Volunteers Needed

We always need volunteers for concession stand and the prep day for playing fields. 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 affiliated organizations and sponsors, their employees and associated personnel, including the owner of 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 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 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 each assistance and/or treatment. _____ Date: _____