



# Travel – League Soccer Fall 2017 Registration

Birthday between 2004-2010

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

T-Shirt Size (circle one): YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL Gender: Male or Female

Legal Guardian: \_\_\_\_\_ email: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

**Registration Fee is \$125 per player (\$85 for additional siblings). Please make check payable to GASA or Greenville Area Soccer Association and send to PO Box 163 Greenville, PA 16125. Deadline to register is 07/31/2017. \*\*\* There is a \$10 late charge for all forms that are received after 07/31/2017. \*\*\***

**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-September through early November. 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 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 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 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 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. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_