



# Recreation - League Soccer

## Spring 2019 Registration

Birthdate between 2005 - March of 2014

Registration Fee is \$50 per player (\$30 for additional siblings). Registration deadline is February 28th, 2019. Please make check 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 February 28th, 2019.\*\*\***

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

**NO Registrations will be accepted after March 15th**

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: 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: \_\_\_\_\_

### Rec-League Team Sponsors

*The cost is \$100 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 Name:** \_\_\_\_\_ **Team/Age:** \_\_\_\_\_

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

