

GALVESTON COUNTY YOUTH SOCCER

Age on July 31 _____

FALL REGISTRATION FORM

Please use your child's Birth Certificate Name.

Please Print Legibly.

Last Name:		First Name:		Initial:	Nickname:		Sex: M / F
Mailing Address:				City:		Zip:	
Home Phone:		Date of Birth: Month / Day / Year		***Parent Email Address(s)***:			
Father's Name:			Work Phone:		Alt./Cell Phone:		
Mother's Name:			Work Phone:		Alt./Cell Phone:		
List any Medical Problems:							
Name of Person to Notify in case of an Emergency (other than parent):					Phone:		
Years Experience:		Play last Season? <input type="checkbox"/> Yes <input type="checkbox"/> No		City you want to play in? <input type="checkbox"/> TC <input type="checkbox"/> SF <input type="checkbox"/> GV <input type="checkbox"/> DK			
Last Years Team Name (if applicable):		Other children from family presently in league:					

Uniforms: Please check the correct size for your child.				Parent Support								
	YOUTH			ADULT					<input type="checkbox"/> Coach	<input type="checkbox"/> Tune Up Tournament Volunteer		
	XS	S	M	L	S	M	L	XL	XXL	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Committee Member	
Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Team Mom	<input type="checkbox"/> Team Sponsor	
Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Other	
Socks	<input type="checkbox"/> Youth (fits up to a kid's size 3 shoe) <input type="checkbox"/> Regular (shoe size 4 - 8 1/2) <input type="checkbox"/> King (shoe size 8 1/2 and up)										Comments/Remarks:	

<p>I, The parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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 transportation I hereby authorize.</p> <p>Name _____ Parent/Legal Guardian (Please Print)</p> <p>Signature _____ Date _____</p>	<p>CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.</p> <p>Signature of Parent or Guardian _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Bus. _____</p>
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Club Use Only:

<table style="width: 100%;"> <tr> <td colspan="2">REGISTRATION FEE</td> </tr> <tr> <td>AGES 4, 5, 6 & 7</td> <td style="text-align: right;">\$75 _____</td> </tr> <tr> <td>AGES 8 & 9</td> <td style="text-align: right;">\$95 _____</td> </tr> <tr> <td>AGES 10 & Up</td> <td style="text-align: right;">\$110 _____</td> </tr> <tr> <td>SIBLING DISCOUNT (for additional registrants from same immediate family)</td> <td style="text-align: right;">-\$5 _____</td> </tr> <tr> <td>LATE REGISTRATION FEE (after June 16th)</td> <td style="text-align: right;">\$20 _____</td> </tr> <tr> <td>TOTAL REGISTRATION FEE</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	REGISTRATION FEE		AGES 4, 5, 6 & 7	\$75 _____	AGES 8 & 9	\$95 _____	AGES 10 & Up	\$110 _____	SIBLING DISCOUNT (for additional registrants from same immediate family)	-\$5 _____	LATE REGISTRATION FEE (after June 16th)	\$20 _____	TOTAL REGISTRATION FEE	\$ _____	<p>Make checks payable to GCYS.</p> <p>Photocopy of Birth Certificate required for proof of age if one is not currently on file from the previous season(s).</p> <p>Birth Certificate Verified <input type="checkbox"/> by: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Check Number:</td> <td>Check Written By:</td> </tr> <tr> <td>Cash Paid:</td> <td>Receipt #:</td> </tr> <tr> <td>Received By:</td> <td>Date:</td> </tr> </table>	Check Number:	Check Written By:	Cash Paid:	Receipt #:	Received By:	Date:
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