



2012 Player Registration Form



Player Name: _____ MI: _____ Last Name: _____

Birth Date: _____ Age: _____ Sex (M/F): _____ School: _____

Address (Str., City, State) : _____ Zip Code: _____

Primary Contact Parent/Guardian : _____ Home Phone: _____

Primary Contact Email Address: _____ Cell Phone: _____

Other Parent/Guardian : _____ Home Phone: _____

Other Email Address: _____ Cell Phone: _____

Other Emergency #'s: (i.e. work #, pager) _____

How did you hear about us? Flyer Website Friend AYSA School team Other _____

AGE DIVISION (Circle One):

U9G U9B 8/1/02 to 7/31/03 U14G U14B 8/1/97 to 7/31/98

U10G U10B 8/1/01 to 7/31/02 U15G U15B 8/1/96 to 7/31/97

U11G U11B 8/1/00 to 7/31/01 U16G U16B 8/1/95 to 7/31/96

U12G U12B 8/1/99 to 7/31/00 U17G U17B 8/1/94 to 7/31/95

U13G U13B 8/1/98 to 7/31/99

(We reserve the right to combine age groupings and assign players to teams that best meet their needs.)

MEDICAL INFORMATION & CONSENT

Alt. contact in an emergency: _____ Phone: _____

Doctor: _____ Clinic: _____ Phone: _____

Hospital Preference: _____ Med. Ins. (Plan & policy #): _____

Dentist: _____ Phone: _____ Dental Insurance: _____

Any Medical prohibitions, limitations, allergies or issues: _____

AGREEMENT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), the Minnesota Youth Soccer Association (MYSA), the Arrowhead Youth Soccer Association (AYSA), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, the MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, MYSA, AYSA, and 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.

MEDICAL RELEASE: As the parent or legal guardian of the registrant, a minor, in the USYSA/MYSA/AYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the player.

Parent/Legal Guardian: (please print) _____ Date: _____

Signature: _____
(Binds registrant exclusively to GGSC. To cancel that registration, complete transfer paperwork with extra cost of \$50)

PLEASE INCLUDE: \$100 Registration Fee and Player Fee Deposit (made out to GGSC)
\$100 is non-refundable unless GGSC is unable to place the registrant on a team or unless a cancellation is requested in writing prior to the player's age applicable Oct/Nov tryout/kickaround date.

MAIL TO: GGSC Registration, 1346 W. Arrowhead Road, POB 301, Duluth, MN 55811

8/16/11 Date rec'd _____ Initials _____ Amount _____ Check number _____ or Cash _____