



2010 Player Registration Form



Player Name: _____ MI: _____ Last Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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

Parent Name: _____ Day Phone: _____

Email Address: _____ Evening Phone: _____

Parent Name: _____ Day Phone: _____

Email Address: _____ Evening Phone: _____

Other emergency #'s: (cell, pager) _____

AGE DIVISION (Circle One):

- | | | | | | |
|------|------|---------------------|--|------|-------------------|
| U10G | U10B | 8/1/99 to 7/31/2000 | U15G | U15B | 8/1/94 to 7/31/95 |
| U11G | U11B | 8/1/98 to 7/31/99 | U16G | U16B | 8/1/93 to 7/31/94 |
| U12G | U12B | 8/1/97 to 7/31/98 | U17G | U17B | 8/1/92 to 7/31/93 |
| U13G | U13B | 8/1/96 to 7/31/97 | U18G | U18B | 8/1/91 to 7/31/92 |
| U14G | U14B | 8/1/95 to 7/31/96 | We reserve the right to combine age groupings and assign players to teams that best meet their needs. | | |

MEDICAL INFORMATION & CONSENT

Alternate contact in an emergency: _____ Phone: _____

Doctor: _____ Clinic: _____ Phone: _____

Hospital Preference: _____ Medical Insurance: _____

Dentist: _____ Phone: _____ Dental Insurance: _____

Any Medical prohibitions, limitations, 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 a participant in the USYSA/MYSA/AYSA programs, I give consent for emergency medical care 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 my dependent.

Parent/Legal Guardian: (please print) _____

Date: _____ Signature: _____

**PLEASE INCLUDE \$75 (\$25 Registration Fee, \$50 applied to Player Fees) WITH THE SUBMISSION OF THIS FORM AND MAIL TO: Gitchi Gummi Soccer Club
1346 W. Arrowhead Road, POB 301
Duluth, MN 55811**

If your child is *not* rostered on a team, \$50 will be refunded.

10/7/09 Date rec'd _____ Initials _____ Amount _____ Check number _____ or Cash _____