



GCYSA

Granite Country Youth Soccer Association
PO Box 401, Marble Falls, TX 78654

Player Registration Form

Fall / Spring Year _____

For League Use Only

Amt. Pd. _____ Ck# _____

Rec'd By _____

(circle one) **BOY** **GIRL**

LAST NAME _____

FIRST NAME _____

Seasons played _____

ADDRESS _____

CITY _____

ZIP _____

DATE OF BIRTH _____

Verified _____

"My child was (will be) _____ years old on July 31, 20____ (must be at least 4) and is in the _____ grade."

Mother: _____

Name

Home phone

Daytime phone

Cell phone

Occupation

E-mail address

Father: _____

Name

Home phone

Daytime phone

Cell phone

Occupation

E-mail address

This program is made possible through **volunteer** efforts. Circle the areas you can support. Thank you!

TEAM COACH
FIELD WORK

SPONSOR
CONCESSIONS

TEAM PARENT
BOARD MEMBER

FUNDRAISER
ASSISTANT COACH

List any Medical problems or prohibitions player has: _____

Person to notify in emergency: _____
Name Phone #

Doctor to notify in emergency: _____
Name Phone #

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 (GCYSA) and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations (GCYSA) 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.

CONSENT FOR MEDICAL TREATMENT: As the parent or legal guardian of the above named registrant, 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.

Signature of Parent or Legal Guardian _____

Date _____