



Greenup County Youth Soccer Association

PO Box 28, Russell, KY 41169

www.gcysa.com

registrar@gcysa.com



FALL 2010/SPRING 2011 REGISTRATION FORM

FALL 2010 SEASON STARTS IN SEPTEMBER

SPRING 2011 SEASON STARTS IN MARCH

TEAMS WILL BE FORMED AFTER AUGUST 21, 2010!

Last Name _____ First _____ Initial _____ Sex _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Birthday _____ SS# LAST 4# _____
 Father/Guardian _____ Business Phone _____
 Mother/Guardian _____ Business Phone _____
 E-Mail Address _____

VOLUNTEER SUPPORT – We are always needing assistance in staffing teams! Please pledge your support, today!

Coach Y N

Assistant Coach Y N

Please note that all teams will have scheduled concession stand duties throughout the season. Please see coach for more information!

AGE GROUPS	BIRTHDATE
U4 can play in U6 Division with league permission.	
Under 04 Mixed	8/1/06-7/31/07
Under 06 Mixed	8/1/04-7/31/06
Under 08 Mixed	8/1/02-7/31/04
Under 10	8/1/00-7/31/02
Under 12	8/1/98-7/31/00
Under 14	8/1/96-7/31/98
If not enough 14's will refund money	

Registration ONE (Child) [\$40]
 TWO (Children) [\$50]
 3 OR More [\$60] _____

DON'T HAVE GAME JERSEY NEED TO BUY!

Game Jersey **Youth** S M L Cost (\$20) _____
 Game Jersey **Adult** S M L XL Cost (\$22) _____
 Donation – Thanks! _____

PAYMENT WITH FORM TOTAL _____

I, The parents/ guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, KYSA, and GCYSA. Recognizing the possibility of injury associated with soccer or in consideration for otherwise indemnify GCYSA, it's affiliated organizations and sponsors, and associated personnel, including the owners of fields and facilities utilized for the program, against any claim by or my behalf of the registrant as a result of the registrant's participation in the program and/ or being transported to and from the same which transportation I hereby authorize. As the parent or legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of medicine, of Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb of well being of my dependent.

Name of parent/guardian (PLEASE PRINT) _____

Signature _____

MAIL COMPLETED FORM AND PAYMENT TO:
GCYSA
P.O. BOX 28
RUSSELL, KY 41169

League Use: Fee Rec. \$ _____ Cash _____ Check # _____ Date _____ Rec By _____

Team name _____ INT _____ Family _____

State - 25 District - 02 League - 05