



Greenup County Youth Soccer Association

PO BOX 28, RUSSELL, KY 41169

www.gcysa.com

registrar@gcysa.com



SPRING 2010 REGISTRATION FORM

Season begins: Sunday, March 21, 2010

Team Placement begins: February 2010

Last Name _____ First _____ Initial _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthday _____ SS# LAST 4# _____

Father/Guardian _____ Business Phone _____

Mother/Guardian _____ Business Phone _____

Volunteer Support Coach Y N

Assistant Coach Y N

Concession help Y N

E-Mail Address _____

Players under 4yrs will not be able to play. A player MUST be "4" on/before 07/31/09 to play, on or after 08/01/09 they are a 3yr old.

AGE GROUPS	BIRTH DATE
Under 06 Mixed	8/1/03-7/31/05
Under 08 Mixed	8/1/01-7/31/03
Under 10	8/1/99-7/31/01
Under 12	8/1/97-7/31/99
Under 14	8/1/95-7/31/97

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) _____
Thanks Donation _____

PAYMENT WITH FORM **TOTAL** _____

I, The parents/ guardian of the registrant, a minor, agree that I and the registrant 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
PO BOX 28
RUSSELL, KY 41169**

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

Team name _____ INT _____ Family _____

State - 25 District - 02 League - 05