

Golden Isles Soccer Association In-House Registration U5-U14

SEASON: **FALL** **SPRING** **YEAR:**



Household Name:	Insurance:	For Office Use ONLY Pay. Type: _____ Amount: _____ Entered: _____
Email 1:	Policy #:	
Email 2:	Emergency Contact	
Address:	Name:	
City and Zip	Phone:	
Home Phone:	Relationship:	

Fee Structure: **U5-U14 - \$80**

Avoid the Hassles – Register Online at www.goldenislesoccer.com.

A LATE FEE of \$25 WILL BE ACCESSED AFTER THE POSTED DEADLINE.

Parent/Guardian Info	Parent/Guardian	Parent/Guardian	Parent/Guardian	Parent/Guardian
Name:				
Home Phone:				
Work Phone:				
Cell Phone:				
Occupation:				
Gender:				
Relationship-Player:				

Volunteers Pledge:

Attention parents/Guardians: Our club is primarily a volunteer organization. In order to provide the quality program that all the children deserve, we must rely on a strong and broad core of volunteers. We are in great need of volunteers for all aspects of the club. **PLEASE CONSIDER THE KIDS AND DONATE YOUR TIME.**

I would like to Volunteer for:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Coach | <input type="checkbox"/> Coach | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Assistant Coach |
| <input type="checkbox"/> League Admin. | <input type="checkbox"/> League Admin. | <input type="checkbox"/> League Admin. | <input type="checkbox"/> League Admin. |
| <input type="checkbox"/> Referee | <input type="checkbox"/> Referee | <input type="checkbox"/> Referee | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Tournaments | <input type="checkbox"/> Tournaments | <input type="checkbox"/> Tournaments | <input type="checkbox"/> Tournaments |

Player Information

Player #1

Player #2

Player #3

Player #4

First Name:				
Last Name:				
Birth Date:(mm/dd/yyyy)				
Gender:				
School:				
#Seasons played:				
Medical Concerns:				
Special Requests:				

Donations to the Club

Insurance, Field Maintenance, and our Complex Lease are all major expenses to the club. Consider a donation to our non-profit organization.

\$

Uniform Size

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> YS (ages 5-6) | <input type="checkbox"/> YS (ages 5-6) | <input type="checkbox"/> YS (ages 5-6) | <input type="checkbox"/> YS (ages 5-6) |
| <input type="checkbox"/> YM (ages 6-7) | <input type="checkbox"/> YM (ages 6-7) | <input type="checkbox"/> YM (ages 6-7) | <input type="checkbox"/> YM (ages 6-7) |
| <input type="checkbox"/> YL (ages 7-8) | <input type="checkbox"/> YL (ages 7-8) | <input type="checkbox"/> YL (ages 7-8) | <input type="checkbox"/> YL (ages 7-8) |
| <input type="checkbox"/> AS (ages 8-10) | <input type="checkbox"/> AS (ages 8-10) | <input type="checkbox"/> AS (ages 8-10) | <input type="checkbox"/> AS (ages 8-10) |
| <input type="checkbox"/> AM (10-12) | <input type="checkbox"/> AM (10-12) | <input type="checkbox"/> AM (10-12) | <input type="checkbox"/> AM (10-12) |
| <input type="checkbox"/> AL (12-14) | <input type="checkbox"/> AL (12-14) | <input type="checkbox"/> AL (12-14) | <input type="checkbox"/> AL (12-14) |

MEDICAL RELEASE AND PARENT CONSENT WAIVER — I hereby give approval for the participation of my child(ren) in any and all GISA and affiliated associations or league activities and I assume all risk and hazards incident to such participation. Including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GISA, Golden Isles Soccer Association and affiliated association league. The organizers, supervisors, directors, participants, and person or parents supervising or transporting participants to of from such activities from any claims arising out of injury to my child. I understand that a player who registers with an affiliated league is bound to that league for the entire seasonal year unless a transfer is requested and approved for extenuating circumstances.

Date:

Parent / Guardian Signature:

Make check payable to: GISA Micro

Mail to: P.O. Box 21752, St. Simons Island, GA, 31522
Questions? 912-634-8880