

## Golden Isles Soccer Association In-House "Micro" Registration – Spring 2010



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

**Fee Structure:** U5-U14 - \$80      **Jersey, shorts, and socks included**

**Avoid the Hassles – Register Online at [www.goldenisesoccer.com](http://www.goldenisesoccer.com). Deadline FEB 1**

**A LATE FEE of \$25 WILL BE ACCESSED AFTER Feb 1st.**

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"/> Assistant Coach <input type="checkbox"/> League Admin. <input type="checkbox"/> Referee <input type="checkbox"/> Tournaments	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> League Admin. <input type="checkbox"/> Referee <input type="checkbox"/> Tournaments	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> League Admin. <input type="checkbox"/> Referee <input type="checkbox"/> Tournaments	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> League Admin. <input type="checkbox"/> Referee <input type="checkbox"/> Tournaments
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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.      \$

<b>Uniform Size</b> (Players will be issued a jersey, shorts, and socks as part of registration fee)	<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 or 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**