



Golden Isles Soccer Association Soccer Tots (U04) Registration


SEASON	FALL _____ SPRING _____	YEAR: _____	
	Household Name: _____	Insurance: _____	For Office Use ONLY Pay. Type: _____ Amount: _____ Entered: _____ BC: _____
	Email 1: _____	Policy #: _____	
	Email 2: _____	Emergency Contact	
	Address: _____	Name: _____	
	City and Zip _____	Phone: _____	
Home Phone: _____	Relationship: _____		
Fee Structure:	\$40	Tshirt included	


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

A LATE FEE will be assessed after the deadline posted on website.


New to the Club? Check Here: <input type="checkbox"/>				
Parent/Guardian Info	Parent/Guardian	Parent/Guardian	Emergency Contact	
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	
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Player Information	Player #1	Player #2	Player #3	
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 (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"/> 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"/> AS (ages 8-10)	<input type="checkbox"/> AS (ages 8-10)	<input type="checkbox"/> AS (ages 8-10)	

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