Golden Isles Soccer Association Soccer Tots (U04) Registration – FALL 2009

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

Avoid the Hassles – Register Online at www.goldenislesoccer.com. Deadline August 31

A LATE FEE of $15 WILL BE ACCESSED AFTER August 31th.

New to the Club? Check Here: ☐				
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:	☐ Coach ☐ Assistant Coach ☐ League Admin. ☐ Referee ☐ Tournaments	☐ Coach ☐ Assistant Coach ☐ League Admin. ☐ Referee ☐ Tournaments	☐ Coach ☐ Assistant Coach ☐ League Admin. ☐ Referee ☐ Tournaments	
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)	☐ YS (ages 5-6) ☐ YM (ages 6-7) ☐ YL (ages 7-8) ☐ AS (ages 8-10)	☐ YS (ages 5-6) ☐ YM (ages 6-7) ☐ YL (ages 7-8) ☐ AS (ages 8-10)	☐ YS (ages 5-6) ☐ YM (ages 6-7) ☐ YL (ages 7-8) ☐ AS (ages 8-10)	

MEDICAL RELEASE AND PARENT CONSENT WAIVER – I hearby 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**