

Golden Isles Soccer Association Soccer Tots (U04) Registration – SPRING 2010



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.goldenislesoccer.com. FEBRUARY 19

A LATE FEE of \$15 WILL BE ACCESSED AFTER February 19th.

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	
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