



TRAVEL PLAYER REGISTRATION
Golden Isles Soccer Association
Spring 2010

FEES: \$180 per season plus Uniform
 (Includes tryout fee, state registration, ref fees,
 coach's expenses, club insurance, field lease, etc)

For Office Use ONLY
 Number: _____
 Paymt Type: _____
 Amount : _____
 Age Group: _____
 Coach: _____
 Eval#: _____

Online Registration Available at www.goldenislesoccer.com

Household Name: _____

Address _____

City _____ ST _____ Zip _____

Email Address: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Parent (s) / Guardian -

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail # 2: _____

Player Information -

First Name _____

Last Name: _____

Date of Birth: ____ / ____ / ____

Age Group: (please look at chart on other side of page)

I am an U— _____ player Male Female

Grade: _____ School: _____

Team and Coach in the Fall: _____

of Season's Played _____ New Player _____

Check payable to "GISA Travel" and must be received by January 15th at:
P.O Box 21752, St. Simons Island, GA, 31522

Golden Isles UNITED Uniform Information & Policy
 Once you have been selected to participate for the Golden Isles United, you will be required to purchase our club / team uniform set (if necessary). This set includes our home and away sets, moisture management/dry fit home and away jersey (total of 2), two (2) pair of shorts and two (2) pair of socks. Cost of this set: \$90.00. **Uniforms are handled through Team Managers who typically process orders for their team.** Finally, please complete uniform size chart below:

Please circle

JERSEY SIZE				SHORT SIZE				
AS	AM	AL	AXL	YL	AS	AM	AL	AXL

MEDICAL RELEASE & PARENT CONSENT WAIVER— *I hereby give approval for the participation of my child in any and all GSSA 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 GSSA ,Golden Isles Soccer Association and affiliated association league. The organizers, supervisors, officers, directors, participants and persons 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 for extenuating circumstances.*

Parent/Guardian Signature:

Date _____

Year of Play	Age Group Division	Date of Birth Players Born
U-09	Girls & Boys	8/1/2000 and younger
U-10	Girls & Boys	8/1/1999 and younger
U-11	Girls & Boys	8/1/1998 and younger
U-12	Girls & Boys	8/1/1997 and younger
U-13	Girls & Boys	8/1/1996 and younger
U-14	Girls & Boys	8/1/1995 and younger
U-15	Girls & Boys	8/1/1994 and younger
U-16	Girls & Boys	8/1/1993 and younger
U-17	Girls & Boys	8/1/1992 and younger
U-18	Girls & Boys	8/1/1991 and younger
U-19	Girls & Boys	8/1/1990 and younger

Medical Information

Doctor Name: _____

Allergies or medical conditions: _____

Ins. Co: _____

Policy #: _____