

GVSA Player/Coach Registration – 2015/2016

Club Name _____

Team Name _____

BOYS GIRLS

Age Group Team will PLAY in: U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U19

- Player (Under 18) Male
- Player (18 or Older) Female
- Head Coach (One per team)
- Assistant Coach (up to Two per team)
- Team Manager (one per team)

First Name _____

Last Name _____

Address _____

City, State, Zip Code _____

Phone Number (____) _____ - _____

Date of Birth ____/____/____ (Month/Day/Year)

Email address _____@_____

Players who have not registered with GVSA before must submit a copy of a LEGAL proof of Name and Birthdate (e.g. Birth Certificate). Hospital and Baptismal certificates are not acceptable.

I, the player/coach/manager listed above (or parent if player is under 18), agree that I will abide by the rules of MSYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for MSYSA accepting me for its soccer program, I hereby release, discharge, and/or otherwise indemnify the MSYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself as a result of my participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also agree that good sportsmanship and a sense of fair competition will govern my conduct on the field. I understand that players/coaches who are guilty of major transgressions (violence, racial abuse, abuse of a referee, etc.) will be referred to the GVSA board for suspension and/or loss of pass card. ALL TEAM OFFICIALS AND PARENTS (IF A PLAYER IS UNDER 18) MUST SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE ABOVE.

Signatures

The person named above must sign below if 18 or older. If the player is less than 18 years old on the day this form is filled out, a parent's signature is required. Forms may not be signed prior to June 17, 2015

Signature of person named above, if 18 or older

_____ Date _____

Parent's/Guardian's Name (print) _____

Parent's/Guardian's Signature _____

Date _____

CLUB REGISTRAR - IMPORTANT!

You must enter all Coach, Manager and Player information into the GVSA system before submitting this form to GVSA.

All registration forms must be submitted through your club to the GVSA Registrar, not by Coaches, Managers or Parents. **Do not submit pictures, Medical Release Forms or any other information to GVSA.** Include ALL requested information on this form. Incomplete or unsigned forms and forms submitted without all information already entered into getsoccer.com cannot be processed and will be processed as late registrations.

Club Registrar Signature (Required for all forms submitted late or not part of original Team Registrations)

_____ Date _____

Late Registrations require two business days (minimum 48 hours) for processing!