

Player's Last Name:

Grid for last name

CONCORDE • FIRE

Recreational Registration Form

Georgia Soccer Park

3895 Ben Hill Road East Point, GA 30349

Player's First Name:

Grid for first name

Address:

Grid for address

City:

Zip:

Phone:

Grid for city

Grid for zip

Grid for phone

Male:

Female:

School: _____ Grade _____

Birthdate:
Month Day Year

TEAMS

Spring 2010 Fees:

- Under 5/6 8/1/03—7/31/05 M F \$140
- Under 8 8/1/01—7/31/03 M F \$140
- Under 10 8/1/99—7/31/01 M F \$140

***This Spring will be a training only program with twice-a-week training and weekend friendly matches ***

Fees Cover:

- One uniform shirt, shorts, socks
- GYSA Player Registration Fees
- Field Development and Maintenance
- Administration Fees

Uniforms: (Please Circle)

Youth: YS YM YL YXL

Adult AS AM AL AXL

Short Size _____

Shirt Size _____

I would like to volunteer: Head Coach Assistant Coach
 Age Group Coordinator Team Manager

**Questions? Please call Director
Brian Moore at (770) 815 - 7617**

PARENT/GUARDIAN INFORMATION

Father's Name:	E-Mail: Please furnish as most correspondence is by e-mail.	Business #:
		Cell #:

Address if different from Player: _____

Employer:	Position:	Does your employer match donations to non-profit organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mother's Name:	E-Mail: Please furnish as most correspondence is by e-mail.	Business #:
		Cell #:

Address if different from Player: _____

Employer:	Position:	Does your employer match donations to non-profit organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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 Signature: _____ Date: _____

CREDIT CARD PAYMENTS:

VISA MasterCard Card # _____
Exp. Date: _____ 3 Digit CVC Code (on back of card): _____
Name on Card: _____ Address: _____
City: _____ Zip: _____ Signature: _____

LEAGUE USE:

Date Received: _____
\$ Received: _____
Check #: _____ Cash: _____
Cc Authorization #: _____