2019

PLEASE PRINT CLEARLY AND Player Information:	D FILL OUT ENTIRE FORM
Last Name	First Name
Address	
Sex: MALE FEMALE Date of Birth (MM/DD/YR)	
School Player Attends:	Grade Entering in Fall
Number of Years Playing Soccer	Last Year's Team
ls your child playing another fall sport? No	Yes
Beginner Intermediate Intermediate Knows rules of game well Understands the position Can dribble and pass	tions Can play the positions well
Mother's Name	Father's Name
Home Telephone Number	Mom's Cell Phone Number
Email Address	Dad's Cell Phone Number
Uniform Information – please circle one in each category 1) Shirt Size: YS YM YL AS AM AL AXL 3) 2) Short Size: YS YM YL AS AM AL AXL	
Volunteer Information: Please check all that apply. Coach	Referee
WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.	
Parent's/Guardian's Signature	Date
*Please note: No one will be registered without payr girardyouthsoccerleague@yahoo.com v	
DO NOT WRITE BELOW	V – GYSL USE ONLY
Playing Age (as of August 1) Division _4 _5/6	7/8 Boys _7/8 Girls _9/10 Boys _9/10 Girls _11/15 Coed
Sibling/Family (please state relation)	
Fee Paid \$ □ Cash □ Check #	Rec'd. By Date
Team AssignedCo	pach