# GEORGIA YOUTH SOCCER ASSOCIATION
# PLAYER REGISTRATION FORM

PRINT **ONLY** CHANGED OR NEW INFORMATION IN BOXES PROVIDED

FOR LEAGUE USE ONLY
- ☐ TRANSFER ☐ DUAL
- ☐ NEW
- ☐ RE-REGISTRATION
- ☐ CHANGE/CORRECTION

GSSA I.D. #

Name _____ S.S. # _____
Last Name First

Address _____ City _____

Zip Code _____ – _____ Phone _____ – _____ – _____ Birth Date _____ - _____ - _____
Mo Day Yr

Current Assign. Team _____ MALE ☐ FEMALE ☐

**PARENT EMAIL:** _____

## ADDITIONAL PLAYER INFORMATION

| NUMBER PRIOR SEASONS PLAYED | LAST TEAM | LAST LEAGUE AND DATE OF LAST SEASON PLAYED |
|---|---|---|
| | | |

| SCHOOL | GRADE |
|---|---|
| | |

| TEAM PREFERENCE | PRACTICE PREFERENCE |
|---|---|
| | |

| OTHER CHILDREN IN LEAGUE | NAME | AGE |
|---|---|---|
| | | |

ANY PHYSICAL PROBLEM WE SHOULD KNOW ABOUT?

| UNIFORM SIZE (CIRCLE) | SHIRT | SHORTS | SOCKS |
|---|---|---|---|
| ☐ ADULT | XS S M L XL | XS S M L XL | XS S M L XL |
| ☐ CHILD | | | |

## PARENT—GUARDIAN INFORMATION

| FATHER'S NAME | OCCUPATION | BUS. PHONE |
|---|---|---|
| | | |

| MOTHER'S NAME | OCCUPATION | BUS. PHONE |
|---|---|---|
| | | |

**WILLING TO HELP OUT**

| | | | | |
|---|---|---|---|---|
| _____ COACH | _____ CONCESSION STAND | _____ NEWSLETTER | _____ TEAM MANAGER | _____ FUND RAISING |
| _____ ASSISTANT COACH | _____ TELEPHONE CALLING | _____ TYPING | _____ REFEREE | _____ |
| _____ TEAM MOTHER | _____ FIELD MAINTENANCE | _____ PUBLICITY | _____ ADMINISTRATION | _____ |

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 - GUARDIAN SIGNATURE** _____ DATE _____

COUNTY OF RESIDENCE

## FOR LEAGUE USE ONLY

| LEAGUE VERIFICATION | REGISTRATION FEE RECEIVED |
|---|---|
| | CHECK ☐ CASH ☐ |