

# Green Country Registration Form

**FOR LEAGUE USE ONLY**  
 TRANSFER  
 NEW  
 REREGISTRATION  
 CHANGE/  
 CORRECTION



**OFFICIAL USE ONLY**

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div. \_\_\_\_\_  
 Club/Team Name(s) \_\_\_\_\_  
 (USE CODE ONLY) Region \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ League \_\_\_\_\_ Club \_\_\_\_\_ Team \_\_\_\_\_  
 Recreational - R  
 Competitive - C

I.D. # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Male = M  
 Fem = F \_\_\_\_\_  
 P \_\_\_\_\_  
 Player=P  
 Coach=C \_\_\_\_\_  
 Coach's License Level \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 List any medical problem or prohibition player has \_\_\_\_\_  
 Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
 Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
 Number prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 YOUTH ADULT Other  
 SHIRTS XS S M L XL XS S M L XL Children \_\_\_\_\_ Age \_\_\_\_\_  
 SHORTS XS S M L XL XS S M L XL From Family \_\_\_\_\_ Age \_\_\_\_\_ email address 1 \_\_\_\_\_  
 SOCKS XS S M L XL XS S M L XL Presently in League \_\_\_\_\_ Age \_\_\_\_\_ email address 2 \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of GCSA, its organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for GCSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify GCSA, its organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
 Signature X \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL SUPPORT

We ask for active participation of all parents in our program

Check area(s) in which you would be willing to help

- |   |                                    |
|---|------------------------------------|
| <input type="radio"/> Coach             | <input type="radio"/> Committee    |
| <input type="radio"/> Asst. Coach       | <input type="radio"/> Referee      |
| <input type="radio"/> Team Manager      | <input type="radio"/> Fund raising |
| <input type="radio"/> Team Parent       | <input type="radio"/> Clerical     |
| <input type="radio"/> Special Projects  | <input type="radio"/> Reporter     |
| <input type="radio"/> Field Preparation | <input type="radio"/> Newsletter   |
| <input type="radio"/> Board Member      | <input type="radio"/> Concessions  |
| <input type="radio"/> Publicity         | <input type="radio"/> Donor        |

Other \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian  
 X \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Bus. \_\_\_\_\_

|                   |                       |  |
|-------------------|-----------------------|--|
| OFFICIAL USE ONLY | Picture Received      | <input type="radio"/> Yes <input type="radio"/> No |
|                   | Birthdate Verified    | <input type="radio"/> Yes <input type="radio"/> No |
| Registration Fees |                       |  |
| Player Fee        | \$ _____              |  |
| Coach's Fee       | \$ _____              | Received by _____                                  |
| Other             | \$ _____              | Date _____   |
| TOTAL \$ _____    |                       |  |
| Cash              | <input type="radio"/> | \$ _____   |
| Check No:         | _____                 | \$ _____   |