



NEASOCCER

Greene County Soccer Association
Registration Form

PLEASE PRINT

PLAYER INFORMATION :

Name (last) _____ (first) _____ Fall _____ Spring _____ Both _____
 Address _____ City _____ State _____ Zip _____
 Birth Date _____ Age _____ Gender _____ Height _____ Weight _____ School _____
 Telephone # _____ Years Played _____ Grade _____

PLAYER NOTES : _____

PARENT INFORMATION :

Father _____ Phone _____ Cell _____
 Email _____ Employer _____

Mother _____ Phone _____ Cell _____
 Email _____ Employer _____

Guardian _____ Phone _____ Cell _____
 Email _____ Employer _____

List any medical conditions of player _____

Person to notify in an emergency _____ Phone _____

PLAYER UNIFORM SIZE : Jersey : YS YM YL AS AM AL AXL Shorts: YS YM YL AS AM AL AXL

PLAY LEVEL:

1. _____ LEVEL 1, \$45.00, includes uniform, player will participate on a Recreational Team, little or no travel.
2. _____ LEVEL 2, ??????, includes uniform, players will participate on a more Competitive Team against other level 2 teams, some travel will be required, Level 2 teams will have the ability to play in sanctioned tournaments. Each team will be responsible for travel and tournament expenses. Level 2 teams are for players U10 and up age groups. If an age group does not make, players will be placed in level 1 and the difference of fees refunded.
3. _____ SCHOLASTIC : \$55.00, includes uniform, \$35.00 without uniform. Player will participate on school based teams against other scholastic teams. Ages are U13- U15 or 7th through 9th grade. Scholastic teams only play in the Spring.

PARENTAL SUPPORT: Coach Asst. coach Sponsor Referee Board member Other

IMPORTANT:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated 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.

CONSENT FOR MEDICAL TREATMENT:

As the parent or legal guardian of the above signed 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 the well-being of my dependent.

NAME (print) _____ SIGNATURE _____ DATE _____

G.C.S.A./ NEA Soccer official use only: Payment amount _____ Payment method _____ Received by _____