

# GAA Soccer Registration

Age Group	Regular Fee	Late Registration 2 weeks after registration
U9-U10	\$60.00	\$80.00
U11-U18	\$70.00	\$90.00
U8/Kindergarten	\$40.00	2 weeks after registration \$60.00

GAA USE		
Team: _____		
Photo: _____	Birth Certificate: _____	
Circle one		
Fee _____	Cash/Check _____	Check # _____

*Parent/Guardian: Please Return this form with your check made payable to GAA. If there is a problem with the fee, please contact us. You must provide a photocopy of the birth certificate at time of registration. All players on U-11 division or higher must also provide a 1" x 1" photo for players passes at time of registration.*

Player's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Cell Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## RELEASE

I, the parent/guardian of the person named on this form, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), Massachusetts Youth Soccer Association (MYSA), the Town of Granby, and GAA, their affiliated organizations and sponsors. I desire to have the registrant participate in the soccer programs and activities, whether they are indoors, or outside, and including practices and clinics ("Programs"), offered by or in connection with the USYSA, MYSA, the Town of Granby, GAA, and /or their affiliated organizations and sponsors. I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the Programs. Accordingly, in consideration for and as an inducement to USYSA, MYSA, the Town of Granby, and GAA accepting the registrant for participation in the Programs, on behalf of myself and the registrant I, hereby release, discharge, hold harmless and indemnify USYSA, MYSA, the Town of Granby, GAA, their affiliated organizations and sponsors and respective officers, directors, employees, coaches, committees and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the Programs, of and from any claims, demands, actions, causes of action, suits and liability arising as a result of the registrant's participation in the Programs including, without limitation, the transport of the registrant to or from the Programs, which transportation I hereby authorize.

**Signature of Parent/Guardian for Release and Consent:**

\_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*If you require assistance in the registration fees, please attach a letter explaining your situation. A determination to waive the registration fees will be on a case by case basis\*\*\*\***

## Coach's Emergency Contact Form

Player's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Cell Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Case of emergency Person to Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor to Notify: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Known allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Known medical problems:  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT OF A MINOR

As parent or legal guardian of the minor named on this form I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in Granby Youth Soccer-related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

**Signature of Parent/Guardian for Release and Consent:**

\_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Sign-Up Sheet

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

GAA is an all volunteer organization. Many volunteers are needed to make this program run. Please circle the area that you would be most interest in helping out with, it does not mean you will be called to help out. This gives us a good idea on who to call if we need help in certain areas.

Coaching (Head)	Coaching (Asst.)	Team Manager	Concessions	Fundraiser
Lead the team in practice and games		Help organize the team with phones call, etc.	Help organize the concession stand and get supplies	Help organize and plan the fundraiser and Charity fundraiser
Tournament Committee	Line Fields	Banquet Coordinator	Web Site	Uniform Manager
Help organize and plan GAA Soccer Tournament.	Approx 1 hour per week to keep the fields properly lined.	Coordinate U12 Boys and Girls Banquet in the Fall.	Create and maintain a web site for GAA Soccer	Inventory and control GAA Soccer equipment

How interested are you in volunteering? (check one)

\_\_\_ Definitely \_\_\_ If I have to \_\_\_ Probably not

Please return all forms at the time you register. Thanks.

Visit us at [www.gaasoccer.com](http://www.gaasoccer.com)