

**GROVE CITY YOUTH SOCCER ASSOCIATION
IN-HOUSE REGISTRATION 2011-2012 Season**

Fall Season: 9/7/11 to 10/30/11 Spring Season: 4/11/12 to 6/3/12

In House Tournament: June 3, 2012 / Rain Date June 10, 2012

All Practices are Wednesday or Thursday nights from 6pm – 7pm

Games are Sundays: U10: 1:30-2:30, U6: 3:00-4:00, U8: 4:30-5:30



PLAYER INFORMATION:

First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Telephone _____ **Borough/Township of Residence** _____

Date of Birth _____ **Sex** _____ **# of years played** _____

Parent/Guardian _____ **E-mail** (strongly recommended) _____

VOLUNTEERING YOUR TIME IS ESSENTIAL

The Grove City Youth Soccer Association is run solely through the efforts of volunteers. Therefore, it is necessary for each family to help in at least two of the following areas:

_____ **COACHING STAFF:** Training will be provided -- an in-depth knowledge of the game is not necessary.

_____ **COACH'S HELPER:** Assist coach, "extra eyes and hands" for coach.

_____ **TEAM PARENT:** Make team phone calls when necessary, coordinate drink and snack schedule for each game, act as a liaison between the coordinator and parents, help staff the concession stand.

_____ **CONCESSION STAND:** Help in the concession stand on Sundays.

_____ **VOLUNTEER COORDINATOR:** Contact volunteers to cover the concession stand and provide field maintenance.

_____ **AGE-LEVEL COORDINATOR:** Help to make team assignments of players for one age group, contact potential coaches, answer questions concerning your age group

_____ **FUNDRAISING:** Help choose and coordinate fundraisers.

_____ **FIELD MAINTENANCE:** Use the mowers provided to mow 1/2 of the in-house fields during the season (ideally once during the season) And/Or Use the paint machine provided to paint the lines on the in-house fields (ideally once during the season). Training will be provided.

To induce the Grove City Soccer Association to accept registration and permit participation in GCYSA by the below named individual, I/we the parent(s) or guardians(s) of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless its officials, coaches, officers, and representatives, from any claim arising out of injury to the named individual. We also hold harmless GCYSA, its officials, coaches, officers, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my/our refusal to obtain available medical treatment based on religious or philosophical beliefs. I/we, the undersigned parent(s) or guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers as agents. In case of emergency, I/we authorize treatment and/or care of

Child's Name: _____ at any hospital.

Signature of parent: _____

Please list any allergies or medical conditions that we should be aware of: _____

If there is an emergency and I/we cannot be reached, please contact:

Name: _____ Phone Number: _____

Child must be age 4 by 7-31-2011.

EVERY CHILD MUST WEAR SHIN GUARDS!

COST:		<i>Shirt Sizes</i>
\$ 40.00 registration for one season		<input type="checkbox"/> YS 6-8
\$ 60.00 registration for fall and spring seasons		<input type="checkbox"/> YM 10-12
\$ 20.00 per shirt		<input type="checkbox"/> YL 14-16
\$ 5.00 discount for each additional child, 4 th child or more is free		<input type="checkbox"/> AS 34-36
_____ Registration Fee	<input type="checkbox"/> Cash	
_____ Shirt	<input type="checkbox"/> Check # _____	Age Division:
		<input type="checkbox"/> U6
		<input type="checkbox"/> U8
_____ TOTAL		<input type="checkbox"/> U10

This registration form can be mailed, (make check payable to: Grove City Youth Soccer Association or GCYSA) but must be postmarked by August 7, 2011 for the fall season or March 12, 2012 for the spring season. Any person responsible for writing a check that is returned for insufficient funds will be charged the fee that the bank charges to our organization in addition to \$20.

*If your registration is received late, your child will be placed on a waiting list and assigned to a team when a spot is available. If your child does not get placed due to spaces not being available, a full refund will be issued.

Refund policy: If for any reason your child decides not to participate in soccer, a full refund minus \$13.50 (PA West dues) can be issued prior to the first game.

Mail to: Susan Pierce, 311 Gilmore Avenue, Grove City, PA 16127

For further information please contact: Susan Pierce at jimandsusan@zoominternet.net