

GVSA Player/Coach Registration – 2009/2010

Clubs may register up to 3 coaches and One Team Manager per team. Managers do not receive pass cards	<input type="checkbox"/> Player (under 18) <input type="checkbox"/> Head Coach <input type="checkbox"/> Player <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Manager
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Club Affiliation: One Box Must Be Checked

<input type="checkbox"/> Club Aguilas	<input type="checkbox"/> Chicago Fire Jrs	<input type="checkbox"/> Michigan Rovers AC	<input type="checkbox"/> Sailors	<input type="checkbox"/> OTHER
<input type="checkbox"/> Alliance FC	<input type="checkbox"/> Flying Kick	<input type="checkbox"/> Muskegon	<input type="checkbox"/> SCOR	
<input type="checkbox"/> Alliance Rapids	<input type="checkbox"/> Fruitport	<input type="checkbox"/> Northland United	<input type="checkbox"/> Thornapple Valley	
<input type="checkbox"/> Cadillac	<input type="checkbox"/> GR Crew Jrs	<input type="checkbox"/> Northwest	<input type="checkbox"/> Tri-Cities	
<input type="checkbox"/> CASSA	<input type="checkbox"/> Hastings	<input type="checkbox"/> Olé SC	<input type="checkbox"/> USA	
<input type="checkbox"/> CATS	<input type="checkbox"/> Kentwood	<input type="checkbox"/> PASS	<input type="checkbox"/> Vardar West	
<input type="checkbox"/> Central Shoreline	<input type="checkbox"/> LASSO	<input type="checkbox"/> Rangers SC	<input type="checkbox"/>	

Team Age Group: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18/19

Boys Team **Girls Team** **Team Name** _____

Have you ever registered with GVSA before? Yes **GVSA ID NUMBER** _____ No
 If no, a copy of LEGAL proof of name and birthdate (e.g. Birth Certificate) must be attached

First Name _____ **Last Name** _____
Birth Date _____ **Phone ()** _____
Address _____ **City** _____, **MI** **Zip** _____
Male **Female**

I, the player/coach/manager listed above (or parent if player is under 18), agree that I will abide by the rules of MSYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for MSYSA accepting me for its soccer program, I hereby release, discharge, and/or otherwise indemnify the MSYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself as a result of my participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also agree that good sportsmanship and a sense of fair competition will govern my conduct on the field. I understand that players/coaches who are guilty of major transgressions (violence, racial abuse, abuse of a referee, etc.) will be referred to the GVSA board for suspension and/or loss of pass card. ALL PLAYERS/COACHES/MANAGERS AND PARENTS (IF A PLAYER IS UNDER 18) MUST SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE ABOVE.

Signatures
The person shown above must sign below. In addition, if the player is less than 18 years old on the day this form is filled out, a parent's signature is required. Forms may not be signed prior to June 22, 2009

Signature of person shown above _____ **Date** _____

Parent's/Guardian's Name (print) _____

Parent's/Guardian's Signature _____

Date _____

Club Registrar Signature _____ **(Required for Late Registrations)**

Note: Each club should collect applicable fees and registration forms and forward them through its club representative to the GVSA Registrar. **DO NOT send pictures or Medical Release Forms to GVSA.**

Parents and Club Representatives: To ensure timely registration, include ALL requested information on this form.