



**2008 Player  
Registration Form  
And Medical Consent**



**Player Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex (M/F):** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Other emergency #'s: (cell, pager)** \_\_\_\_\_

**AGE DIVISION (Circle One):**

<u>Girls</u>	<u>Boys</u>	<u>Birth year Guidelines</u>
U10G	U10B	8/1/97 to 7/31/98
U11G	U11B	8/1/96 to 7/31/97
U12G	U12B	8/1/95 to 7/31/96
U13G	U13B	8/1/94 to 7/31/95
U14G	U14B	8/1/93 to 7/31/94
U15G	U15B	8/1/92 to 7/31/93
U16G	U16B	8/1/91 to 7/31/92
U17G	U17B	8/1/90 to 7/31/91
U18G	U18B	8/1/89 to 7/31/90
U19G	U19B	8/1/88 to 7/31/89

We reserve the right to combine age groupings and assign players to teams that best meet their needs.

**PLEASE INCLUDE \$75 (\$25 Registration Fee, \$50 applied to Player Fees) WITH THE SUBMISSION OF THIS FORM AND MAIL TO:**

**Gitche Gummi Soccer Club  
1346 W. Arrowhead Road, POB 301  
Duluth, MN 55811**

**If your child is *not* rostered on a team, \$50 will be refunded.**

9/14/07 Date rec'd \_\_\_\_\_ Initials \_\_\_\_\_ Amount \_\_\_\_\_ Check number \_\_\_\_\_ or Cash \_\_\_\_\_

**\*\*MEDICAL INFORMATION & CONSENT\*\***

Alternate contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

**AGREEMENT:** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), the Minnesota Youth Soccer Association (MYSA), the Gitchi Gummi Soccer Club (GGSC), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, the MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, MYSA, GGSC, and 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.

**MEDICAL RELEASE:** As the parent or legal guardian of a participant in the USYSA/MYSA/GGSC programs, I give consent for emergency medical care by a duly licensed Doctor of Medicine or Dentistry. This care may be given under any conditions necessary to preserve the life, limb, or well-being of my dependent.

Parent/Legal Guardian: (please print) \_\_\_\_\_

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

## **2008 Volunteer Opportunities**

**Our volunteers are what make the Gitchi Gummi Soccer Club great! Our club's success is directly related to parent participation. Please check at least one or more opportunities that you may be able to help with:**

- Club Treasurer – our current treasurer will be leaving the position prior to the start of our next season. QuickBooks experience is preferred.
- Team manager (or co-manager) – assist coach with parent communications, assist with scheduling carpooling/transportation, schedule hotels for tournaments, etc.
- Team liaison to the Board – attend and participate in board meetings, keep team informed of club activities. Help determine our club's success!
- Assist with Early Development/Juniors program – registration, sign-in, end of season party
- Gitchi Wear Coordinator – receive orders, work with vendor to fulfill orders, deliver orders to team managers for delivery to players
- Help with the fields at the beginning of the season

**Head of the Lakes Invitational Tournament – we have sub-committees for the following:**

- Concessions
- T-shirts
- Advertising/Tourney Brochure

**Membership on the following board committees:**

- Fundraising / Public Relations
- Equipment/Fields (including attending Fields of Duluth meetings)
- Personnel
- Budget
- Club Communications

Parent Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Thank you for your willingness to help make our club great!**