



2010 Player Registration Form



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):

- U10G U10B 8/1/99 to 7/31/2000 U15G U15B 8/1/94 to 7/31/95
U11G U11B 8/1/98 to 7/31/99 U16G U16B 8/1/93 to 7/31/94
U12G U12B 8/1/97 to 7/31/98 U17G U17B 8/1/92 to 7/31/93
U13G U13B 8/1/96 to 7/31/97 U18G U18B 8/1/91 to 7/31/92
U14G U14B 8/1/95 to 7/31/96

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

MEDICAL INFORMATION & CONSENT

Alternate contact in an emergency: _____ Phone: _____

Doctor: _____ Clinic: _____ Phone: _____

Hospital Preference: _____ Medical Insurance: _____

Dentist: _____ Phone: _____ Dental Insurance: _____

Any Medical prohibitions, limitations, or issues: _____

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 Arrowhead Youth Soccer Association (AYSA), and its affiliated organizations and sponsors.

MEDICAL RELEASE: As the parent or legal guardian of a participant in the USYSA/MYSA/AYSA programs, I give consent for emergency medical care by a duly licensed Doctor of Medicine or Dentistry.

Parent/Legal Guardian: (please print) _____

Date: _____ Signature: _____

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