



GARRARD CO. YOUTH SOCCER SPRING 10

BIRTH DATE CHART:

U-14: 8/1/95 - 7/31/97
 U-12: 8/1/97 - 7/31/99
 U-10: 8/1/99 - 7/31/01
 U-8: 8/1/01 - 7/31/03
 U-6: 8/1/03 - 7/31/05
 NEW PLAYERS
 (MUST fall in these date ranges)

NEW SPRING PLAYER

U-14: \$50.00
 U-12: \$50.00
 U-10: \$45.00
 U-8: \$45.00
 U-6: \$35.00

RETURNING 09 FALL PLAYER FEE

U-14: \$30.00
 U-12: \$30.00
 U-10: \$25.00
 U-8: \$25.00
 U-6: \$20.00

FIRST LAST BIRTH DATE M/D/Y / /
 PLAYER NAME BOY GIRL
 ADDRESS PRIMARY PHONE # - -
 CITY KY ZIP ALT. PHONE# - -

EMAIL:

MOTHER:

FATHER:

EMERGENCY CONTACT:

PHONE# - -

MEDICAL CONDITION (if any)

DOCTOR CONTACT: PHONE# - -

LAST YEAR PLAYED COACH/TEAM:

UNIFORM: YOUTH SMALL LARGE I ADULT SMAL LARGE
 MED X-LARG MED X-LARG

SUPPORT YOUR CLUB: COACH ASST. COACH FIELD PREP. CONCESSIONS

**** IMPORTANT**** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer/ Garrard Youth Soccer accepting the registrant for it's soccer programs and activities, I herby release, discharge and /or otherwise indemnify US Youth Soccer/ Garrard Youth Soccer, 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 herby authorize. As a parent or legal guardian of the above-named player, I herby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, or well-being of my dependent.

SIGN BELOW:

CLUB CONTACTS:
 WWW.GARRARDSOCCER.COM
 BILL THIES: 548-4705/608-5037
 TONY KLUESENER: 792-3758

Copy of birth cert. is required for all U-8 and older players. Sent with this form or given to the players coach at the first practice.

RETURN FORM TO:
 GARRARD YOUTH SOCCER
 PO BOX 60
 BRYANTSVILLE KY 40410

FORM MUST BE RETURN BY FEB. 12th; PLAYERS ENTERED AFTER FEB.12th CAN NOT BE GUARANTIED A PLACE ON THE TEAM.