

GAA Use ONLY Team _____ Fee _____
Cash _____ Check _____ Ck # _____



G.A.A. SOCCER REGISTRATION

****3rd grade and up need to bring a 1x1 photo and a copy of the player's birth certificate at time of registration****

Please Check Player's Gender and Indicate Grade Level:

BOY _____ GIRL _____ Grade _____

FEES: Kindergarten \$50 _____

1st/2nd Grade (U8) \$85 _____

3rd through 8th Grade \$95 for returning players* _____ \$150 for new players _____

Make Check Payable To "G.A.A. Soccer"

*RETURNING PLAYERS ARE PLAYERS WHO ALREADY HAVE A UNIFORM FROM THE PREVIOUS SEASON(S)

Jersey # (if already issued) _____

\$10.00 Late Fee may apply if not received on time.

A late registration does NOT guarantee a spot on a team. If no spots are available, you will be notified

Player's Name: _____

Address: _____

Birth Date: _____ (MONTH/DATE/YEAR) Primary Phone: _____

Parent/Guardian Name/Cell Phone #: _____

Parent/Guardian Name/Cell Phone #: _____

Parent/Guardian Email (please print legibly): _____

WILLING TO: COACH _____ ASSIST _____ WHAT GRADE AND GENDER: _____

Player Name: _____

RELEASE: I, the parent/guardian of the person named on this form, a minor, hereby agree and acknowledge the following:

- (1) Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my child as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my child participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs, including being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

- (2) My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice attached to this release setting forth any specific issue, condition, or ailment that my child has that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

- (3) When necessary, I understand that an uploaded or provided photo will only be used for printing on a credential (i.e. ID, Pass Card, Roster) and will not be used for any other purposes without express consent. I consent to Massachusetts Youth Soccer and its affiliates taking photographs, video recordings, and/or sound recordings in documenting the activities of Massachusetts Youth Soccer's programs and services. I hereby grant Massachusetts Youth Soccer and its affiliates' permission to use the negatives, prints, motion pictures, video recordings, audio recordings, or any other reproduction of the same for Massachusetts Youth Soccer and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications.

- (4) My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by US Youth Soccer and members of US Youth Soccer, including Massachusetts Youth Soccer and all affiliated member organizations.

- (5) I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release and waiver of liability and fully understand its terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind.

Signature of Parent/Guardian

for Release and Consent: _____ Date: _____