

Great Kills Soccer Club

REGISTRATION FOR SPRING 2021 SEASON ONLY

P.O. Box 141139 Staten Island, NY 10314

Please Print all information. Use separate form for each child.
3 YEAR OLD PLAYERS TO 14 YEAR OLD PLAYERS

Player Name: _____
Address: _____ Zip Code: _____
Phone #: _____ Date of Birth: _____ Male _____ Female _____
Parent or Guardian First Name: _____ / _____
Please list your Email address here: _____
What age group was your child last season? _____
Does your child play for another league? Yes or No
If Yes, League name: _____
Are there any medical conditions or problems that we should know about? Yes or No
If yes, please indicate: _____

Please Get Involved For Your Children

IF YOU'RE INTERESTED IN COACHING PLEASE PROVIDE THE FOLLOWING INFORMATION

Name: _____ Phone #: _____

Divisions

The divisions are determined by birth year as follows:

_____ Under 15- Born between 1/1/07 and 12/31/08	
_____ Under 12- Born between 1/1/10 and 12/31/11	Fee:
_____ Under 10- Born between 1/1/12 and 12/31/13	
_____ Under 8- Born between 1/1/14 and 12/31/15	\$125.00 to register for the Spring Season Only
_____ Under 6- Born before 1/1/15 and 1/1/18	

Please Make Checks payable to Great Kills Soccer Club.

ALL PAYMENTS MUST BE MAILED TO THE ABOVE P.O. BOX

and no players will be added to rosters until payment is received.

Please use separate forms for each child being registered.

Please indicate in which Age Group your child will register.

New Registrants will need to forward a copy of child's Birth Certificate

The Great Kills Soccer Club tries to accommodate every request that it receives,
but we cannot guarantee the placement of any specific player on any specific team.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the U.S.Y.S.A., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the U.S.Y.S.A. accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the U.S.Y.S.A., 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 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. Any behavior by the parents and/or their child deemed to be inappropriate and inconsistent with the Great Kills Soccer Club and/or Staten Island Soccer League's rules and regulations could result in the child's removal from the program.

Print Name (Parent/Guardian): _____

Signature of (Parent/Guardian): _____

This registration covers the Spring 2021 season only. Uniforms are provided to all Under 6 players and NEW REGISTRANTS of any age.