

**Great Kills Soccer Club
P.O. Box 141139
Staten Island, NY 10314**

**Please Print all information. Use separate form for each child.
Registration for 4 ½ - 14 ½**

Player Name: _____
Address: _____ Zip Code: _____
Phone #: _____ Date of Birth: _____ Male _____ Female _____
Parent or Guardian First Name: _____ / _____
Do you have access to email? Please list your address here: _____
What team did your child play on last year? _____
Does your child play for another league? Yes No If Yes, League name: _____
Are there any medical conditions or problems that we should know about? Yes No
If yes, please indicate: _____

Please Get Involved For Your Children

Interested in coaching? Yes No Assistant Coach? Yes No Team Mother? Yes No
If yes, Please tell us your name and phone number where we can contact you.
Name: _____ Phone #: _____
NO SOCCER EXPERIENCE IS NECESSARY. You will have the assistance of experienced coaches and the opportunity to obtain a coaching license through Great Kills Soccer Club

Divisions

The divisions are determined as follows:
14-½ & Under - 8/1/96 thru 7/31/98
12-½ & Under - 8/1/98 thru 7/31/00
10-½ & Under - 8/1/00 thru 7/31/02
8-½ & Under - 8/1/02 thru 7/31/04
6-½ & Under - 8/1/04 thru 7/31/06

Fee:
All Divisions \$100.00

The Family Discount is \$250.00
for 3 or more registered children
of the same family.

**Checks payable to Great Kills Soccer Club Check # _____ Amount _____
No Refunds Will Be Given After July 15, 2010**

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 the behalf of the registrant as a result of the registrants 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): _____

The registration covers both the Fall 2010 and Spring 2011 season. Uniforms are provided to all first time, new under-8 players. All other players are required to maintain and purchase their uniforms. Uniforms are available at: "Just for Kicks" 91 Lincoln Avenue, # 667-5120. You will be notified by mail when to pick up your uniform at Just for Kicks.