



# 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:	EMERGENCY CONTACT:
FATHER:	PHONE#

MEDICAL CONDITION (if any) \_\_\_\_\_

DOCTOR CONTACT: \_\_\_\_\_ PHONE# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LAST YEAR PLAYED \_\_\_\_\_ COACH/TEAM: \_\_\_\_\_

UNIFORM:	YOUTH	SMALL	LARGE	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:
