



# GARRARD CO. YOUTH SOCCER FALL 09

BIRTH DATE GROUPING:  
 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

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

**FIRST**  **LAST**  
**PLAYER NAME**   
**Address**   
**City**  **KY Zip Code**  **BIRTH DATE M/D/Y**   
**HOME PHONE**  **ALT #**   
**EMAIL**

**MOTHER**  **PHONE**   
**FATHER**  **PHONE**   
**EMERGENCY CONTACT**  **PHONE**   
**MEDICAL CONDITION (IF ANY)**   
**DOCTOR CONTACT**  **PHONE**

**LAST YEAR PLAYED**  **LAST COACH/TEAM**   
**UNIFORM:** **YOUTH**  SMALL  LARGE  MED.  X-LARGE **ADULT**  SMALL  LARGE  MED.  X-LARGE  
**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 hereby 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 hereby authorize. As a parent or legal guardian of the above-named player, I hereby 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.

**Signed By** \_\_\_\_\_  
**RETURN FORMS TO:**  
**GARRARD YOUTH SOCCER**  
**PO BOX 60**  
**BYANTSVILLE KY 40410**

COPY OF BIRTH CERT. IS REQUIRED FOR ALL **U-8** AND OLDER PLAYERS. SENT WITH THIS FORM OR GIVEN TO THE PLAYERS COACH AT FIRST PRACTICE.  
**CLUB CONTACTS:**  
[WWW.GARRARDSOCCER.COM](http://WWW.GARRARDSOCCER.COM)  
**BILL THIES: 548-4705 / 608-5037**  
**TONY KLUESNER: 792-3758**