



GARRARD CO. YOUTH SOCCER FALL 09

SHOP AT KROGER?
HELP SUPPORT YOUR CLUB.
KROGER CASH BACK TO THE KIDS CARD GIVES 4%
OF EVERY DOLLAR SPENT TO GCYS.
QUICK AND EASY EACH TIME YOU SHOP.
INTERESTED IN A CARD? YES NO THANKS

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

PLAYER NAME FIRST LAST BOY GIRL
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 MED. LARGE X-LARGE ADULT SMALL MED. X-LARGE

SUPPORT YOUR CLUB
 COACH ASST. COACH
 FIELD PREP. CONCESSIONS
MAKE A DIFFERENCE HELP OUR KIDS

**** 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

**FORM MUST BE RETURN
BY JULY 24TH.
PLAYERS ENTERED
AFTER JULY 24 CAN NOT
BE GUARANTIED A
PLACE ON THE TEAM.**

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
BILL THIES: 548-4705 / 608-5037
TONY KLUESNER: 792-3758