GEORGIA YOUTH SOCCER ASSOCIATION
PLAYER REGISTRATION FORM

PRINT **ONLY** CHANGED OR NEW INFORMATION IN BOXES PROVIDED

FOR LEAGUE USE ONLY
- ☐ TRANSFER ☐ DUAL
- ☐ NEW
- ☐ RE-REGISTRATION
- ☐ CHANGE/CORRECTION

GSSA I.D. #

Name _____
Last Name First

Address _____ City _____

Zip Code _____ Phone ___-___-____ Birth Date __ - __ - __
Mo Day Yr

Current Assign. Team _____ MALE ☐ FEMALE ☐

PARENT EMAIL: _____

ADDITIONAL PLAYER INFORMATION

SCHOOL | GRADE

ANY PHYSICAL PROBLEM WE SHOULD KNOW ABOUT?

PARENT—GUARDIAN INFORMATION

FATHER'S NAME

MOTHER'S NAME

I HEREBY GIVE APPROVAL FOR THE PARTICIPATION OF MY CHILD IN ANY AND ALL GSSA AND AFFILIATED ASSOCIATIONS OR LEAGUE ACTIVITIES AND I ASSUME ALL RISK AND HAZARDS INCIDENT TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SAID ACTIVITIES, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE GSSA AND AFFILIATED ASSOCIATION LEAGUE, THE ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS AND PERSONS OR PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES FROM ANY CLAIMS ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT A PLAYER WHO REGISTERS WITH AN AFFILIATED LEAGUE IS BOUND TO THAT LEAGUE FOR THE ENTIRE SEASONAL YEAR, UNLESS A TRANSFER IS REQUESTED FOR EXTENUATING CIRCUMSTANCES.

PARENT - GUARDIAN SIGNATURE _____ DATE _____

COUNTY OF RESIDENCE

FOR LEAGUE USE ONLY

LEAGUE VERIFICATION

REGISTRATION FEE RECEIVED

CHECK ☐ CASH ☐