



GENESEE AMATEUR SOCCER ASSOCIATION

2010 PLAYER REGISTRATION FORM



2010 Season is May 1st – July 31, 2010

Fee: \$60.00/per player ages 5-10, \$75/for ages 11 and up

For families with 3 children or more there will be a special rate of third child half price.

Discount applies to the third fee that is equal to or less than

Payable to GASA - Mail to: GASA Registrar, PO Box 53, Batavia, NY 14021

| | | |
|-----------------|------------------|-----------|
| LAST NAME _____ | FIRST NAME _____ | MI _____ |
| STREET _____ | | |
| CITY _____ | STATE _____ | ZIP _____ |

Fee includes insurance & uniform (Jersey, shorts and socks). Players must supply & wear cleats and shin guards.

Sex: (M) (F) *Birth Date: _____

Home Phone: _____

PARENT/GUARDIAN
NAME

LAST NAME _____ FIRST NAME _____ MI _____

PHONE _____

NAME
LAST NAME _____ FIRST NAME _____ MI _____

PHONE _____

Email: _____

Email2: _____

Walk in registration will be held one day only- Saturday morning January 9, 2010 from 9 AM – 12 Noon at the Richmond Memorial Library. Please bring a copy of the player's birth certificate & passport-sized photo if required. Uniform samples will be on display.

U11 through U19 only**

Place photo here

Print name on back of photo

_____ U11 thru U19

August 1, 1990- July 31, 1999

_____ U10 August 1, 1999 - July 31, 2001

_____ U08 August 1, 2001 - July 31, 2003

_____ U06 August 1, 2003 - July 31, 2005

No Player will be allowed to play "down" in a division below their posted age group.

Mail in registrations must be postmarked by February 1st, 2010 (No exceptions)

All late registrations are subject to a \$20 late fee per player.

How did you hear about GASA? Radio ___ School ___
Newspaper ___ Internet ___ Other _____

Questions? Email all requests/concerns to: WWW.GASABATAVIA.ORG, or Mail GASA at the address above. Special requests to accommodate car pools or to move a player to a higher division must be in writing on a separate sheet of paper and addressed to the GASA Board. For car pools, a letter from **each family** involved is required, stating children's names and the reason for the request. Ride requests are **discouraged**, but will be considered at the discretion of the board. Coaches may not be requested.

A uniform re-ordering fee will be enforced for any requests to move a player after uniforms are ordered. No refunds will be made based on GASA Board denial of a request.

E-mail GASABatavia@yahoo.com or REGISTER ONLINE at WWW.GASABATAVIA.ORG

****Ages U11 and up division players must also attach a passport-type photo for a player pass. The photo must fit in the box on the front of this form.**

❖ YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM ❖

This form is also available at the YMCA, local schools and the Richmond Library

UNIFORM ORDER: Please measure your child, waist and chest, for correct fit. Uniforms will be available to try on during walk-in registration. These are custom-made uniform sets. Note that you are ordering jerseys and shorts combined. Please circle one (adult or youth) uniform size.

| | | | | | |
|--|---------------------|------------|-----------|-----------|------------|
| Circle One Youth or Adult Size only | <u>Youth Sizes:</u> | YXS | YS | YM | YL |
| | CHEST | 26" - 28" | 30" - 32" | 32" - 34" | 34" - 36" |
| | WAIST | 18" - 20" | 20" - 22" | 22" - 24" | 24" - 26" |
| | <u>Adult Sizes:</u> | AS | AM | AL | AXL |
| | CHEST | 36" - 38" | 38" - 40" | 40" - 42" | 44" - 46" |
| | WAIST | 28" - 30" | 32" - 34" | 36" - 38" | 40" - 42" |

WAIVER OF LIABILITY

The child named on this sheet has permission to participate in the activities of the Genesee Amateur Soccer Association. Although the activities of GASA will be supervised, in general, by adults, it is agreed and understood that neither GASA nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named child arising out of such activities sponsored by GASA; and, the undersigned shall keep, save, and hold harmless GASA and such individuals supervising, aiding, and otherwise associated with GASA's activities from and all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of such child's participation in games, practices, and other activities of GASA.

Parent or Guardian's signature

Date

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the player named above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent or Guardian's signature

Date

PHYSICAL WAIVER

I certify that the player named above, has had a physical examination in the last 12 months and is physically fit to compete in all activities related to the sport of soccer.

Parent or Guardian's signature

Date

DON'T WAIT – MAIL TODAY TO ENSURE A SPOT ON THIS YEAR'S ROSTER

Paid Check No. _____ \$ _____ Valid Birth Cert.: _____ Date Received By GASA: _____

Processed by _____

WE PROVIDE TRAINING TO OUR COACHES AND ASSISTANTS.

If you are interested in learning more about the game, please check out our website.

Any adults interested in coaching or helping another coach, please provide contact information below:

Name _____

Phone _____

E-mail _____

I would like to help out with division _____

Previous experience (playing or coaching) _____
