

**GREATER RENTON TUKWILA YOUTH SOCCER ASSOCIATION (GRTYSA)
2018 SOUTHLAKE SPRING SELECT/REC SOCCER REGISTRATION FORM**

Complete this form & send with payment.

Registration Fee: \$100.00	<input type="checkbox"/> Payment Included	<input type="checkbox"/> Scholarship Requested
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PLAYER INFORMATION:

Last Name	First Name	M.I.
Street Address	City	Zip
() Home Phone Number	/ / Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> My child has played soccer before. <input type="checkbox"/> Female <input type="checkbox"/> My child has never played soccer.

If this player has never played with GRTYSA, a copy of a birth certificate must be included with this form.

If this player is a returning GRTYSA (SCORE or TUSK) Player, list the previous season's coach and team name:

Additional Player Information (if needed): _____

Jersey Size (required): _____

PARENT/GUARDIAN INFORMATION:

Name	() Phone Number	E-mail Address
Name	() Phone Number	E-mail Address
Emergency Contact	() Phone Number	Relationship to Player

Medical Concerns or Limits to Participation: _____

VOLUNTEER:

ACTIVE PARTICIPATION of all parents/guardians is ESSENTIAL to the success of GRTYSA/Southlake and each of our soccer teams. Please check an area in which you might be willing to help.

<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Parent/ Manager
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Mail completed form and payment to: GRTYSA 6947 Coal Creek Parkway SE, #349 Newcastle, WA 98059	Southlake Soccer Information Director: Don Sando Phone: (425) 260-6624 Registrar: James Leeper E-mail: grtysaregistrarboys@gmail.com
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As the parent or guardian of the above named registrant, a minor, I agree that the registrant and I will abide by the rules of the USYSA, GRTYSA (Greater Renton Tukwila Youth Soccer Association) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. **I have read, understand and agree to the above Terms of Registration.**

Name (Please Print)	Signature	/ / Date
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Consent for Medical Treatment

As the parent or guardian of the above-named registrant, a minor, 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 life, limb or well-being of my dependent. I have read, understand and agree to the above Terms of Consent for Medical Treatment of a Minor.

_____/_____/_____
Name (Please Print) Signature Date

Concussion Information

GRTYSA requires that all families read and acknowledge the Concussion Compliance Information. Please read the attached information. I have read and acknowledge the Concussion Compliance Information.

_____/_____/_____
Name (Please Print) Signature Date