



# Galveston County Youth Soccer

[www.gcysoccer.org](http://www.gcysoccer.org)



## FALL 2020 SOCCER REGISTRATION

REGISTRATION TIMES AND PLACES	REGISTRATION FEE
 Wednesday, July 22 <sup>nd</sup> , 2020 6:00PM to 8:00PM - Texas City <b>Fatima Soccer Fields 1600 9<sup>th</sup> Ave N. (behind the school)</b>	<i>Players born 2013 – 2016</i> <b>\$130.00</b>
 Saturday, August 8 <sup>th</sup> , 2020 9:00AM to 12:00PM – Texas City <b>Fatima Soccer Fields 1600 9<sup>th</sup> Ave N. (behind the school)</b>	<i>Players born 2011-2012</i> <b>\$190.00</b>
 Saturday, August 8 <sup>th</sup> , 2020 9:00AM to 12:00PM- Galveston <b>Sandhill Crane Soccer Fields 3818 7 Mile Road</b>	<i>Players born 2007-2010</i> <b>\$260.00</b> <b>Recreational Play</b>
 Saturday, August 15 <sup>th</sup> , 2020 9:00AM to 12:00PM- Texas City <b>Fatima Soccer Fields 1600 9<sup>th</sup> Ave N. (behind the school)</b>	<i>Players born 2009-2010</i> <b>\$300.00</b> <b>Div II Competitive Play</b>
	<i>Players born 2002-2008</i> <b>\$360.00</b> <b>Div II Competitive Play</b>
	<b>LATE REGISTRATION FEE</b> <b>\$25.00</b> <b>(after August 15<sup>th</sup>)</b>

**Online registration is AVAILABLE! Please visit [GCYSoccer.org](http://GCYSoccer.org) and click the link on the homepage.**

**All Players** must bring a copy of the player's legal birth certificate for age verification purposes only.



**Please mail all forms and funds to:**

Galveston County Youth Soccer  
P.O. Box 2371  
Texas City, TX 77592-2371



The subject matter of this literature is neither endorsed nor rejected by all ISD's within Galveston County and the opinions ex-pressed are not necessarily those of the school districts or its personnel. The subject matter of this literature is neither endorsed nor rejected by the Texas City ISD and the opinions expressed are not necessarily those of the school district or it's personal

# GALVESTON COUNTY YOUTH SOCCER

Age \_\_\_\_\_

## FALL REGISTRATION FORM

Please use your child's Birth Certificate Name

Please Print Legibly

Last Name:	First Name:	Initial:	Nickname:	Sex: M / F
Mailing Address:		City:		Zip:
Home Phone:	Date of Birth: Mon / Day /Year	Email Address for GCYS Communication		
Father's Name:	Work Phone:	Cell Phone:	Email Address	
Mother's Name:	Work Phone:	Cell Phone:	Email Address	
List any Medical Problems:				
Person to Notify in an Emergency (other than parent):				Telephone:
Years Experience:	Play Last Season? Yes <input type="checkbox"/> No <input type="checkbox"/>	City you want to play in? TC <input type="checkbox"/> GV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Last Year's Team Name and Coach (if applicable):		Other children in family presently in the league:		

Uniforms: Please check the correct size for your child.		Competitive Adult Girls	Parent Support
	<b>YOUTH</b> XS   S   M   L	<b>ADULT</b> S   M   L   XL   XXL	<input type="checkbox"/> Coach
		<input type="checkbox"/> Tune Up Tournament Volunteer	
		<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Committee Member
Shirt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Team Mom
Short	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Field Preparation
Socks	<input type="checkbox"/> Youth (fits up to a kid's size 2 shoe) <input type="checkbox"/> Regular (shoe size 4-8 ½) <input type="checkbox"/> King (shoe size 8 ½ & up)		<input type="checkbox"/> Other
		Comments/Remarks:	

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, 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 (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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.

Name \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the 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, limb or well-being of my dependent.

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Club Use Only:

<b>REGISTRATION FEE</b> <i>Players born 2013 – 2016</i> <b>\$130.00</b> <i>Players born 2011 – 2012</i> <b>\$190.00</b> <i>Players born 2007- 2010 Rec</i> <b>\$260.00</b> <i>Players born 2009- 2010 Div II Comp</i> <b>\$300.00</b> <i>Players born 2002- 2008 Div II Comp</i> <b>\$360.00</b> <b>SIBLING DISCOUNT</b> - <b>\$5.00</b> <b>LATE REGISTRATION FEE</b> <b>\$ 25.00</b> <b>(after August 15th)</b> <b>TOTAL REGISTRATION FEE</b> \$ _____	<b>Make checks payable to GALVESTON COUNTY YOUTH SOCCER or GCYS.</b>  <b>Photocopy of Birth Certificate required for proof of age.</b>  <b>Birth Certificate Verified:</b> <input type="checkbox"/> by: _____  <table border="1"> <tr> <td>Check Number:</td> <td>Check Written by:</td> </tr> <tr> <td>Cash Paid:</td> <td>Receipt #:</td> </tr> <tr> <td>Received by:</td> <td>Date:</td> </tr> </table>	Check Number:	Check Written by:	Cash Paid:	Receipt #:	Received by:	Date:
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