



# Galveston County Youth Soccer

www.gcysoccer.org



## FALL 2016 SOCCER REGISTRATION

REGISTRATION TIMES AND PLACES	REGISTRATION FEE
● April 16 <sup>th</sup> 2016 9:00 am – 12:00 <i>Runge Park 4605 Peck Ave Santa Fe, TX</i>	<i>Players born 2009 - 2012</i> \$100.00
● April 30 <sup>th</sup> , 2016 9:00 am to 2:00PM Galveston, TX <i>McGuire Dent Recreation Center. 2222 28<sup>th</sup> Street Galveston 77550</i>	<i>Players born 1998 – 2008</i> \$200.00
● April 9 <sup>th</sup> , 2016 10:30am to 1:30PM Dickinson, TX <i>Dickinson Public Library – 4411 Hwy 3</i>	<i>Recreational play</i> <i>AGES U11-U13 DDL Qualifying</i> \$325.00 <i>Includes team fees to STYSA</i>
● April 23 <sup>rd</sup> , 2016 10:00am to 1:00PM Texas City, TX <i>Kukral Hall Our Lady of Fatima School Gym</i>	<i>Super 2 and Division 1 which includes DDL fees to STYSA</i> \$300.00
<b>* Xara uniforms will be at each registration to fit Your child for their uniform.</b>	<b>SIBLING DISCOUNT</b> \$5.00 <i>(for additional registrants from same family)</i>
	<b>LATE REGISTRATION FEE</b> \$25.00 <i>(after July 15<sup>th</sup>)</i>

Players will not be assigned to a competitive team if they had not attended tryouts!!!! So if you cannot attend these dates, fill out the registration form on the back or download the registration form from the GCYS website and mail it in along with the check and a copy of your child's birth certificate to the address listed below. Then notify the coach of the team you are trying out for. Registration will not be considered complete until the player has attended a tryout and all the necessary paperwork, funds, and documentation have been received. **On-line registration is back!!! You will find the link on the GCYS website (www.gcysoccer.org).**

**Fee Includes:** Jersey, Shorts, Socks, Photo, & South Houston Academy League professional training for U9 & U10  
**All Players** must bring a copy of the player's legal birth certificate for age verification purposes only.

COMPETITIVE TRYOUT DATES	
Bay Street Park, 1400 Bay Street North, Texas City Texas	
AGE	GIRLS & BOYS
U11 - U13	May 13 <sup>th</sup> & 14 <sup>th</sup> (6:30pm to 8:00pm)
U14 - U19	June 8 <sup>th</sup> & 9 <sup>th</sup> (6:30pm to 8:00pm)

Bring ball,  
cleats, shin  
guards,  
water

**NOTE - Please arrive to tryouts at 6:00pm for sign up. New and returning players must register in person before being placed on a Competitive Team. Registration forms can be turned in at tryouts.**

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

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

FREE  
Registration for any  
player who brings  
in a sponsor.

FREE  
Registration for any  
player who brings  
in a sponsor.

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"/> SF <input type="checkbox"/> GV <input type="checkbox"/> DK <input type="checkbox"/>		
Last Year's Team Name (if applicable):		Other children in family presently in the league:		

Uniforms: Please check the correct size for your child.		Competitive Girls	Parent Support
	<b>YOUTH</b> S M L	<b>ADULT</b> S M L XL XXL	Girls jerseys are a special girls cut S M L XL
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"/>	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mom <input type="checkbox"/> Field Preparation
Short	<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"/>	<input type="checkbox"/> Tune Up Tournament Volunteer <input type="checkbox"/> Committee Member <input type="checkbox"/> Team Sponsor <input type="checkbox"/> Other
Socks	<input type="checkbox"/> Youth (fits up to a kid's size 3 shoe) <input type="checkbox"/> Regular (shoe size 4-8 ½) <input type="checkbox"/> King (shoe size 8 ½ & up)		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 \_\_\_\_\_ Bus. \_\_\_\_\_

### Club Use Only:

<b>REGISTRATION FEE</b> <i>Players born 2009 – 2012 \$100.00</i> <i>Players born 1998 – 2008</i> <i>Recreational play \$200.00</i> <i>AGES U11-U13 DDL Qualifying Includes</i> <i>team fees to STYSA \$325.00</i> <i>Super 2 and Division 1 which includes</i> <i>DDL fees to STYSA \$300.00</i> <b>SIBLING DISCOUNT \$5.00</b> <b>LATE REGISTRATION FEE \$ 25.00</b> <i>(after July 15)</i> <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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