



Houston Dynamo Dash Youth Soccer
GC Youth Soccer
www.gcysoccer.org

www.facebook.com/GCYSoccer



2018 FALL SOCCER REGISTRATION

REGISTRATION & TRYOUTS TIMES AND LOCATIONS

2018 REGISTRATION FEES

UNIFORMS ARE NOT INCLUDED IN THE REGISTRATION FEE. PARENTS ARE RESPONSIBLE FOR ORDERING THEM FROM WWW.SOCCER.COM

On-Line Registration at: www.gcysoccer.org

THERE WILL BE ONLY TWO WALK UP REGISTRATIONS
Saturday, June 23rd 10am-2pm - Santa Fe Fire House
Sunday, June 24th 1pm-4pm - Surf Room of TC's Nessler Center

Competitive tryouts for U11 thru U13 Boys & Girls - May 21st & 22nd at Bay Street Park in Texas City from 6:30 – 8:00, be there 20 minutes early to register & players need to wear proper soccer attire and bring your own water.

Competitive tryouts for U14 thru U19 Boys & Girls - June 4th & 5th at Bay Street Park in Texas City from 6:30 – 8:00, be there 20 minutes early to register & players need to wear proper soccer attire and bring your own water.

U8, U9 & U10 WILL BE RETURNING TO THE SHAL PROGRAM
(South Houston Academy League)
Practice to start in July with a HDDYS Trainer
(Tier testing will be as follows)

8-1-2018 Texas City 6:00 to 7:30 Fatima field 23A

8-2-2018 Galveston 6:00 to 7:30 Sandhill Crane fields

8-3-2018 Santa Fe 6:00 to 7:30 R.J. Wollam Elementary

MAKE UPS TEXAS CITY 8-15-2018 6:00 TO 7:00 FATIMA

2018 REGISTRATION FEES DOES NOT INCLUDE UNIFORMS

Players born 2013 -2014 \$65.00

Players born 2009 - 2012 (SHAL)
(South Houston Academy League) \$135.00

Recreational Players born 2005 - 2008 \$150.00

Competitive players born 2005 – 2007 \$250.00
(Includes one professional training session a week)

Competitive players born 2000 -2004 \$350.00
(Includes **two** professional training sessions a week)



The subject matter of this literature is neither endorsed nor rejected by all ISD's within Galveston County and the opinions expressed 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 its personnel

Year of Birth: _____



Please use your child's Birth Certificate Name

* Required Fields

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		
* Primary Contact:	Work Phone:	* Cell Phone:	* Email Address	
Secondary Contact:	Work Phone:	Cell Phone:	Email Address	
* Country of Birth:	* Country of Citizenship:	* Has child ever played organized soccer outside of the USA: * If so what Country:		
* 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"/>		
Last Year's Team Name (if applicable):		Check the box it you would coach a team <input type="checkbox"/>		

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:

REGISTRATION FEES		Make checks payable to GALVESTON COUNTY YOUTH SOCCER or GCYS.	
Players born 2013 – 2014	\$65.00	Photocopy of Birth Certificate required for proof of age.	
Players born 2009 – 2012 (SHAL)	\$135.00	Birth Certificate Verified: <input type="checkbox"/> by: _____	
Recreational Players born 2005 - 2008	\$150.00	Check Number:	Check Written by:
Competitive players born 2005 - 2007	\$250.00	Cash Paid:	Receipt #:
Competitive player born 2000 -2004	\$350.00	Received by:	Date:
TOTAL REGISTRATION FEE	\$ _____		