



GREENFIELD SOCCER ASSOCIATION FOR YOUTH
www.greenfield-say.org



REGISTRATION 2026 SEASON
Regular Registration Deadline July 18, 2026
LATE Registration Deadline – July 20, 2026 – No Exceptions
(\$10 additional charge for late registration)

REGISTRATION FEE: \$50 first child, \$40 second child, \$30 each additional child (SAME HOUSEHOLD).

Player Information: Players **MUST** be 4 prior to 08/01/2026 to join a league.

Name: _____ M / F Grade: _____ Date of Birth: _____ Age on 8/1/26: _____

Address: _____

Phone: _____

Shirt size: YXS YS YM YL AS AM AL AXL **Socks size:** YS YM YL AS AM AL AXL

*Any reorders due to size changes will result in an addition charge, kit includes a jersey and socks (Sizes Run Small).

*Playing with sibling: Y / N Name of sibling(s): _____

*ONLY siblings within the same age group and living in the same household may be requested to be placed on the same team.

Parent / Guardian Information:

Primary Contact: _____ Phone: _____ cell / land

Email: _____ Alternate Phone: _____ cell / land

Alternate Contact: _____ Phone: _____ cell / land

Email: _____ Alternate Phone: _____ cell / land

Would you like to volunteer in our program?

Head Coach Assistant Coach Sponsor **Referee** GSAY Board

Consent for Emergency Medical Treatment: I, the parent/guardian of _____, give permission for emergency medical treatment of my child for illness or accident in the event that I cannot first be contacted.

Parent/Guardian Signature: _____

Medications, allergies, etc:

Consent to Use Pictures: I grant my permission to publish photos of the SAY Soccer season, which may include pictures of my child. I understand that every attempt will be made to prevent unauthorized access to information and hold SAY Soccer harmless for the accidental dissemination of information. To deny consent to use pictures please email gsaytreas@gmail.com

Permission and Indemnity: We hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury, illness, or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches or designates of any kind from any claim whatsoever.

By signing you are consenting to the above terms.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Additional Information:

- All games and practices will be held at Sim's Fields at 11801 Hull Rd, Greenfield, OH 45123.
- All participants are expected to follow facility rules.
- Games will be held on Saturdays with the first game on August 15th, 2026
- All players must wear shin guards and bring water during practice. Cleats are recommended but not required, baseball cleats are permitted without a toe cleat.
- Ball sizes are as follows U6,U8- size 3, U10, U12--size 4, U14- size 5
- Leagues will be formed depending on participation

For other programs and information please visit our website or facebook page.

Forms and payments may be mailed to:

GSAY, PO BOX 37, GREENFIELD OH 45123.

RETURNED CHECKS WILL BE ASSESSED A RETURNED CHECK FEE OF \$25.00

REGISTRATION FEE: \$50 first child, \$40 second child, \$30 each additional child (SAME HOUSEHOLD). Registration after July 18 will be charged a \$10 late fee. Make checks payable to GSAY.

Registration closes on July 20, 2026 – No Exceptions

FOR MORE INFORMATION AND ONLINE REGISTRATION, VISIT WWW.GREENFIELD-SAY.ORG .

GSAY USE ONLY Amount: Cash Check # Received by Date

If you have any concerns, requests or more information to provide about your child, please use the space below or email gsaytreas@gmail.com.

