Gilme	er Soccer Club Fall 201	15 Registration (Little Kid	ckers - U19)
Parent #1 Information		Parent #2 Information	
Name:		Name:	
Best Phone #		Best Phone #	
Do you receive texts at this #?		Do you receive texts at this #?	
Email:		Email:	
Mailing Address:		Mailing Address:	
City, State, ZIP:		City, State, ZIP:	
FEE: \$50 for Little Kickers & U6, \$1		DEADLINE TO REGISTER - Au	ıgust 8, 2015
1/2 registration fee due at registra	tion, 2nd half due on 9/12/15	LATE REGISTRATIONS MUST BE PAID IN I	FULL
Send check/form to Gilmer Soco	er Club, PO Box 373, East Ellijay, GA 30539	D. Questions? Contact Erin Byrd, Registrar @ 67	8-522-8523 or gilmersoccerclub@gmail.com
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Player Information	Player #1	Player #2	Player #3
Name (First and Last)			
Birth Date: (mm/dd/yyyy)			
Gender:			
Player Cel Phone #:			
Allergies/Medical Concerns:			
Uniform Size: (Circle one)	YXS YS YM YL AS AM AL AXL	YXS YS YM YL AS AM AL AXL	YXS YS YM YL AS AM AL AXL
I Would Like to Volunteer for:	Circle: Coach Assistant Co	oach Concession Stand Field Maintenanc	e Fundraising Other:
Medical Release: I authorize Gilme Liability Waiver: I hereby give apprincident to such participation; includes association league. The organizers, activities from any claims arising outless a transfer is refinancial obligation to their club is the second of the secon	er Soccer Club to seek emergency medical roval for the participation of my child in ding transportation to and from said act supervisors, officers, directors, participal at of injury to my child. I understand that equested for extenuating circumstances.	ants and persons or parents supervising or tro t a player who registers with an affiliated lea Rules 3131 and 3134 as interpreted by GSA uld mean that a club's stated written financio	e activities and I assume all risk and hazards I agree to hold harmless the GSA and affiliated ansporting participants to or from such gue is bound to that league for the entire Board of Directors states that a player's
		Form of Downsont	
OFFICE USE: Date Payment Rec'd		Form of Payment	