



GPSA
GREGORY-PORTLAND SOCCER ASSOCIATION
 P. O. BOX 381 PORTLAND TX 78374
www.gpsa-soccer.com
 *NO REFUNDS OF REGISTRATION FEE AFTER 1st PRACTICE

FOR OFFICIAL USE ONLY

PLAYER REGISTRATION FORM

AGE GROUP: _____ CIRCLE: **NEW PLAYER/RETURNING PLAYER** TEAM NAME: _____
 REGISTRATION FEE \$ _____ CASH/CHECK # _____ RECEIPT # _____ RECEIVED BY: _____
 NOTES: _____ DATE: ___/___/___

PLEASE PRINT CLEARLY

PRESENTED BIRTH CERTIFICATE: Y / N Received By: _____

PLAYERS FULL LEGAL NAME: _____ DATE OF BIRTH: ___/___/___ CIRCLE: M / F

STREET/POSTAL ADDRESS: _____ CITY: _____ ZIP _____

PARENT NAME: _____ CELL: _____ RECEIVE TEXT: Y / N

PARENT NAME: _____ CELL: _____ RECEIVE TEXT: Y / N

ALTERNATE NUMBER: _____ EMAIL: _____

PLEASE LIST ALLERGIES THE PLAYER HAS: _____

PLEASE LIST MEDICAL CONDITIONS: _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE NUMBER: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

CONTACT NAME: _____ CELL: _____

CONTACT NAME: _____ CELL: _____

OTHER SIBLINGS WITH GPSA: NAME: _____ AGE: _____ NAME: _____ AGE: _____

Last season played: Fall / Spring 20____

League: _____

UNIFORM SIZES	
YOUTH	ADULT
JERSEY: XS S M L	S M L
SHORTS: XS S M L	S M L
SOCKS: S M L	

PARENTAL SUPPORT

We need your help to keep our league running smoothly!
 Circle the area(s) in which you could help.

Coach / Assistant Coach	Concessions
Field Preparations	Special Projects
Team Manager / Team Parent	Board Member

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of STYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, I and the registrant hereby release, discharge and/or indemnify the USYSA and its affiliated organizations and sponsors, employees and associated personnel including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the program and/or being transported to or from the same. I also here by authorize transportation. **INITIAL** _____

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.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____