

## GVSA Player/Coach Registration - 2023/2024

	SOYS  GIRLS		□ Male □ Fema	 le
Age Group Team will PLAY in: U7	U8 U9 U10 U11	I U12 U13 U14	U15 U16 U17	U19
<ul> <li>□ Player (Under 18)</li> <li>□ Player (18 or Older)</li> <li>□ Head Coach (One per team)</li> <li>□ Assistant Coach (up to Two per team)</li> <li>□ Team Manager (one per team)</li> </ul>				
First Name		Last Name _		
Address				
City, State, Zip Code				
Phone Number () E-mail address		Date of Birth	/	(Month/Day/Year)
sponsors. Recognizing the possibility of phereby release, discharge, and/or otherwisincluding the owners of the fields and faciliprograms and/or being transported to or frafair competition will govern my conduct on abuse of a referee, etc.) will be referred to PLAYER IS UNDER 18) MUST SIGN BELICATER	se indemnify the MSYSA, ities utilized for the progra om the same, which trans the field. I understand that the GVSA board for susp	its affiliated organizations, against any claim be sportation I hereby authorat players/coaches who bension and/or loss of page 1.	ns and sponsors, their e y or on behalf of myself orize. I also agree that g are guilty of major trans ass card. ALL TEAM O	employees and associated personnel f as a result of my participation in the lood sportsmanship and a sense of agressions (violence, racial abuse, FFICIALS AND PARENTS (IF A
The person named above n day tl Registration is for the	his form is filled o	ut, a parent's sig	nature is require	ed.
□ I have not signed with another t	eam this seasonal y	ear □ I played for	the club named abo	ove in 2022/2023
Signature of person named above	, if 18 or older			
,			Date	
Parent's/Guardian's Name (print)				
Parent's/Guardian's Signature			Date	

## **CLUB REGISTRAR - IMPORTANT!**

You <u>must</u> enter all Coach, Manager and Player information into the GVSA system <u>before</u> submitting this form to GVSA. All registration forms must be submitted through your club to the GVSA Registrar, not by Coaches, Managers or Parents. <u>Do\_not</u> submit pictures, <u>Medical Release Forms</u>, <u>Concussion Awareness or any other information to GVSA</u>. Include ALL requested information on this form. Incomplete or unsigned forms and forms submitted without all information already entered into the GVSA System cannot be processed and will be processed as late registrations.