

For Registrar's Use Only: League Age: _____ Tryout Number: _____



2012 Travel Registration TRYING OUT FOR AGE GROUP(S) _____
1ST Choice _____ 2ND Choice-optional _____

NO NICKNAMES

Player's Name (Last, First) _____ Home Phone _____

Address _____

Birth date _____ - _____ - _____ Male _____ or Female _____ Grade this Fall _____
Month Day Year

Check here if first-time GISC player _____ AND attach copy of birth certificate.

Mother's Name/Cell # _____ Father's Name/Cell _____

Parent's Email Address (Print clearly) _____

Additional Parent Email Address, if desired (Print clearly) _____

Yrs of Soccer Exp. House _____ Travel _____ Premier _____

Registration

- Bring registration form, payment, and copy of birth certificate (if first-time GISC player) to the concession stand 30 minutes prior to tryouts.
- Make check payable to Grand Island Soccer Club
- Registration Fee **\$95** (\$30.00 fee for returned checks)
- **Separate checks required for each child in a household – NO EXCEPTIONS**

If your child is placed on a travel team roster, your check will be cashed. If your child is not selected, your check will be returned to you. Once your child is placed on a travel team, there will be **NO REFUNDS**.

We understand that Grand Island Travel League provides varsity level competition and requires a more serious COMMITMENT from both the child and the parent(s). This includes making a COMMITMENT to attend practices and games. Attendance at practices and games may affect playing time.

We (I) the parent(s) of the above named player here by give our (my) approval for said player to participate in any and all activities of the program sponsored by the Grand Island Soccer Club, Inc. during the current season. I certify that the above named player is in good physical and mental health, and that no physician has advised against said player's participation in any active program during this current season.

We (I) assume all risks and hazards incidental to such participation and we (I) hereby waive, release, absolve, and agree to indemnify and hold blameless the Grand Island Soccer Club, Inc. and all individuals associated with or aiding it in any manner for any claims arising from any such activities, including transportation to and from games, except to the extent and in the amount covered by any medical, accident, and/or liability insurance maintained by or for the Grand Island Soccer Club, Inc.

Parent/Guardian Signature (Required) _____ Date _____

Player's Signature (Required) _____ Date _____

For Registrar's Use Only: Check #: _____ Date: _____

GISC Needs Your Help....

Please consider joining us so that the youth of Grand Island will have the opportunity to continue playing soccer.

The Grand Island Soccer Club needs volunteers to help run this organization. We have several Board positions available now. New volunteers are needed for the continuation of the club. Some possibilities are:

House League & Travel League Coaches
House League Age Group Coordinators
Administrative Volunteers

Join us at our meetings and see where you can help our Club. Next meeting is Tuesday Sept. 13th.

Meetings are held on the second Monday or Tuesday of each Month at ASI, at 6:30 P.M.