

**Green Hills Soccer Club Registration Form**  
*Register now to play, both Fall 2017 and Spring 2018.*  
**Early Registration Discount Deadline May 14, 2017**  
**Final Deadline June 30, 2017**

**Player's Name:** \_\_\_\_\_ **Gender:** *M F* **Birth date:** \_\_\_\_\_  
Players must be born after July 31, 2003 and before Aug. 1, 2013      Month      Day      Year

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Primary E-mail address:** \_\_\_\_\_ **Additional emails:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_ **Phone: Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Phone: Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

GHSC's year is comprised of two playing seasons starting in the fall. Teams will remain the same for both fall and spring. **Requests may not be made for coaches or particular teams,** but every effort will be made to place players on teams in their own town.

IF you are **associated w/ a sponsor** please give information here: \_\_\_\_\_

Please list any conflicting sports schedules: \_\_\_\_\_

Years Played Soccer \_\_\_\_\_ Last League \_\_\_\_\_ Uniform Size (Same for Shirt /Shorts): **YXS YS YM YL AS AM AL AXL**

**UNIFORMS:** Uniforms are issued for Fall 2016 and Spring 2017 seasons and remain the property of GHSC until the entire season ends. Any player that plays the Fall season and decides not to play the Spring season must return uniform or a \$25.00 fee will be assessed. The registration fee includes a game uniform (shirt and socks).

**A copy of Birth Certificate is required if it is your child's first year in GHSC.**

**The Green Hills Soccer Club is not supported by any other organization or park department, so we must rely on parental support for the club to thrive. Please indicate by circling where you are willing to assist:**

Are you willing to be a:    Coach                      Asst. Coach            If you wish to coach with someone, whom? \_\_\_\_\_

Committees:    Fields/Equipment    Concessions            Referee/Coach Committee            PR/Sponsorships            Board Member

Volunteer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**GHSC 2017-2018 REGISTRATION FEES:**

Deadlines	Competitive Player (U11 & U14)	Competitive Player (U6 & U8)	Multiple Players	Players must live in the same household to receive multi-player discounts.
<b>Now - May 14</b>	\$65.00	\$55.00	Subtract \$5 for each additional player from the total	This price if the application <u>and</u> all necessary forms are postmarked by May 14, 2017
<b>May 15 – June 14</b>	\$70.00	\$60.00		
<b>June 15 - 30</b>	\$85.00	\$75.00		
A participant may elect to play in only one season; however the fee remains the same. Circle here if you only want : <b>fall or spring</b>				New players upon availability
Single season participants will be placed on teams with open roster positions on a space available basis.				

**GEAR:** There are cleats and shin guards in the Snack Shack for those in need or liking to trade out sizes.

**REFUNDS:** Refunds will be issued only upon the written request to the Registrar. Refunds requested after June 30, 2017 will be subject to a 25% cancellation fee. No refunds will be issued after practices have begun and players have already been placed on teams. Players on a waiting list who can't be placed on teams will be refunded in full.

**PLAY-UPS:** By board permission and according to the Rules of Play only. Play-ups into the U6 division will **NOT** be considered. Play-downs will **NOT** be allowed under any circumstances.

All decisions on registration and team placement will be determined by the Green Hills Soccer Club Board of Directors. **ALL INCOMPLETE APPLICATIONS OR THOSE THAT ARE MISSING DOCUMENTS WILL BE RETURNED.** Checks should be made out to Green Hills Soccer Club. Mail all documents to: **GREEN HILLS SOCCER CLUB, PO Box 1182, Chillicothe, MO 64601**

Club Use:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Reg. Date    Amount    Check #    Cash    Birth Cert.    Med Release    Registrar (or rep.)    Fall 2017    Spring 2018    Age Group

**Email the Registrar, Becky Minnick, with questions at [registrar@greenhillssoccerclub.com](mailto:registrar@greenhillssoccerclub.com)**

**Teach, develop and promote soccer.    Develop players in body and character.    Promote sportsmanship**

# Emergency Medical Release and Liability Waiver

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**In case of emergency when parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

***This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.***

I, the parent/guardian of the above listed minor applicant/participant, acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Missouri Youth Soccer Association, Green Hills Soccer Club, affiliated organizations, sponsors, coaches, managers, directors, agents, including owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability of each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as release form all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_