

# ARSENAL ACADEMY

REGISTRATION FORM – FALL 2010

U-4 THROUGH U10

WWW.GILBERTSOCCERCLUB.ORG



Player Information – Please print clearly – Enter name exactly as it appears on birth certificate

LAST NAME	FIRST NAME	MI	BIRTHDATE
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	MALE/FEMALE	YRS EXPER	LAST LEAGUE

Team Information – Requests will be considered but not guaranteed, teams will be formed to provide fair competition

Same team as (friend request)		T-SHIRT SIZE YS, YM, YL, AS, AM	
FATHERS NAME	FATHERS HOME PHONE	EMAIL ADDRESS	FATHERS CELL PHONE
MOTHERS NAME	MOTHERS HOME PHONE	EMAIL ADDRESS	MOTHERS CELL PHONE

Parent Volunteer Support – Please Check Boxes

COACH	<input type="checkbox"/>	ASST COACH	<input type="checkbox"/>	TEAM PARENT	<input type="checkbox"/>	SPONSOR	<input type="checkbox"/>
-------	--------------------------	------------	--------------------------	-------------	--------------------------	---------	--------------------------

### Consent for Medical Treatment (Minor) and Important Information

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors (“USYSA Parties”). In consideration of the player’s participation in the soccer programs and activities of the USYSA Parties (“the Programs”), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owner and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player’s participation in the Programs including, without limitation, player’s transportation to/from any Program, which transportation is authorized. I further grant the USYSA Parties the right to use the player’s name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player’s status as a participant in the Programs 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.

**Name:** \_\_\_\_\_ **Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Print Name of Parent/Guardian)*

DOCTOR TO NOTIFY IN CASE OF EMERGENCY	OFFICE PHONE	PERSON OTHER THAN PARENTS TO NOTIFY IN CASE OF EMERGENCY	PHONE
---------------------------------------	--------------	--	-------

List any players medical concerns

<b>REGISTRATION INFORMATION</b>	<b><u>\$20.00 RETURNED CHECK FEE</u></b>
---------------------------------	--

<b>Little Strikers – U4,U5,U6</b>	\$ 65.00 - 7 Week Program – Tuesday 5-6 PM Includes practice t-shirt      No Saturday Games
-----------------------------------	--

<b>Arsenal Academy – U5,U6,U7,U8,U9,U10</b>	\$125.00 – Registration plus \$75 Training Fees Practice: Tuesday and Thursday 5-6 PM Games: Saturdays – Time TBD
---	---

- Team Players will receive a practice t-shirt and a uniform
  - Age divisions to be determined based on number of players registered.
  - Practice time and location is Gilbert Youth Soccer Complex Greenfield and Germann
- PLEASE VERIFY YOUR PLAYERS AGE GROUP – MAKE SURE YOU PAY THE CORRECT FEE -**

Mail To: Arsenal Academy C/O Christensen 3255 E. Castanets Drive Gilbert, AZ 85289 <a href="mailto:arsenalacademy@cox.net">arsenalacademy@cox.net</a>	MUST include these items to register: 1. This registration form 2. Check payable to Arsenal Academy 3. Copy of Birth Certificate if new to Academy (Not needed For Little Strikers)	GSCAA USE ONLY Academy Player ___ Yes BDate Verified ___Y ___N___ Payment Received: Total Amt _____ Player Amt _____ Check No _____ Cash _____ Initial _____
--	--	---