

Groton Soccer Spring 2009 Registration



--- ONLINE REGISTRATION IS AVAILABLE ---

VISIT www.grotonsoccer.com for Online Registration

It is preferable to register online. Anyone doing so will receive a discount. You can register online and pay by credit card or check. If you do not wish to register online please mail your registration and payment to:

Groton Soccer Association

P.O. Box 193

Groton, SD 57445

(be sure to include proper postage amount)

If you are registering 3 or more players please mark pay by check and mail your payment in. The computer software doesn't recognize the 3rd or more player as only having to pay \$5 and it will charge you the full registration price.

Important Dates

March 7, 2009 – Registration Deadline for Guaranteed Placement

March 24, 2009 – Coaches and Team Parent Meeting at Groton Legion –7:00pm

March 30, 2009 – “ Spring Fling” at Groton Legion – 6:30

April 18, 2009 – Tentative First Games Start, Aberdeen, SD

After Memorial Day Weekend – City Tournament, Aberdeen, SD

Age Group to Register for

U06	Born between 8/1/02 and 7/31/04
U07	Born between 8/1/01 and 7/31/02
U08	Born between 8/1/00 and 7/31/01
U10	Born between 8/1/98 and 7/31/00
U12	Born between 8/1/96 and 7/31/98
U14	Born between 8/1/94 and 7/31/96
U16	Born between 8/1/92 and 7/31/94
U19	Born between 8/1/89 and 7/31/92

South Dakota Rec. Tournament

The South Dakota State Soccer Association will hold the annual recreation state tournament on June 5-6, 2009 in Rapid City, South Dakota. This year the U10 age group has been added. The tournament is for U10 and up age groups. Check with your coach on whether your team is planning to attend.

Petitions

GSA will entertain petitions by parents to move their player up one age level. Parents interested in doing so must submit their request in writing to the GSA. Petitions are granted on a case-by-case basis and may depend on a variety of factors such as team size & numbers, player age & ability, or parental reasons given. This must be done prior to the beginning of each and every season. GSA's liability insurance does not allow for players to petition down an age level.

Refunds

Requests for refund of registration fees must be submitted in writing to GSA. To obtain a full refund, requests must be submitted prior to the player attending practice or participating in a game, and state insurance submission. If a player has attended practice and/or participated in a game, the refund request will be evaluated by the GSA on a case-by-case basis. Late refund requests may be denied entirely or may consist of a partial refund.

**Please Retain this Sheet
for Your Information**

For Questions, Please Contact:

Girls Commissioner

Lisa Adler

397-2760

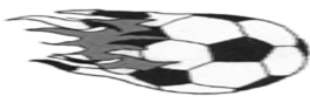
ladler@lsssd.org

Boys Commissioner

Kevin Heinrich

397-8121

khcp@nvc.net



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\$55 EACH for 1st & 2nd player and \$5 EACH for players 3 thru 20

\$10 discount if registered by March 7, 2009 and \$10 discount if registered online

Discounts apply only to 1st and 2nd player (Max discount \$40)

Player/Parent Information:
(one player per form, please)

U6 U7 U8 U10 U12 U14 U16 U19 Boys / Girls
(circle one)

Last Name First Name Mi. Date of Birth Grade

Address City State Zip Phone Alt. Phone

Dad's Last Name First Name Email

Address City State Zip Phone Alt. Phone

Mom's Last Name First Name Mother's B-day (MMDD) Email

Address City State Zip Phone Alt. Phone

Are you interested in a player skills clinic? **Y or N** Are you interested in attending a coaching clinic? **Y or N**

Where can you help?

Volunteering is a great way to help your children and have fun at the same time! It also keeps costs low.

- | | | |
|---|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Manager |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Vision Committee | <input type="checkbox"/> Publicity Committee |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Equipment Assistant | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Donation to Scholarship Fund | | |

Consent for Medical Treatment of a Minor

As the Parent/Legal Guardian of the above named minor child, I hereby give my 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 necessary to preserve life, limb or the well being of my dependent.

Agreement to Abide and Hold Harmless

As the parent/guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer Programs and Activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees for the Programs, against any claim on behalf of the registration as a result of the registrant's participation in the Programs and/or being transported to or from the same which transportation I hereby authorize.

I hereby grant consent to the Groton Soccer Association for use of photographs, slides or television filming involving my child(ren). These may appear in various publications or presentations (e.g. PowerPoint presentations, brochures, web site photos, newsletters). Consent shall continue during the time my child(ren) participates in the Groton Soccer Association unless a new form is completed or I contact the association in writing.

I agree to take care of the issued uniform to the best of our abilities. If the uniform is not returned as requested in a satisfactory condition at jersey turn-in or to the coach, I will agree to pay a \$25 replacement jersey cost.

Signature of Parent/Legal Guardian: **Date:**

For office use only

\$ Paid _____ Check # _____ Received By _____ Date Received _____ of _____