



# Groton Soccer Spring 2010 Registration



**--- ONLINE REGISTRATION IS AVAILABLE ---**

VISIT [www.grotonsoccer.com](http://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)

## Important Dates

**February 28, 2010 – Registration Deadline for Guaranteed Placement**

**March 16, 2010 – Coaches and Team Parent Meeting  
at New Joint Use Building–6:00pm**

**March 22, 2010 – “Spring Fling”- High School Gym – 7:00pm**

**April 10, 2010 – Tentative First Games Start, Aberdeen, SD**

**June 4-7, 2010 – State Rec. Tournament, Sioux Falls, SD**

## Age Group to Register for

U06	Born between 8/1/03 and 7/31/05
U07	Born between 8/1/02 and 7/31/03
U08	Born between 8/1/01 and 7/31/02
U10	Born between 8/1/99 and 7/31/01
U12	Born between 8/1/97 and 7/31/99
U14	Born between 8/1/95 and 7/31/97
U16	Born between 8/1/93 and 7/31/95
U19	Born between 8/1/90 and 7/31/93

## 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.

## 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.

## Fundraising

Fundraising will be used for field and equipment improvements including such items as new goals, jerseys and field lighting.

**Please Retain this Sheet  
for Your Information**

**For Questions, Please Contact:**

**Girls Commissioner**  
Lisa Adler  
397-2760  
[ladler@lsssd.org](mailto:ladler@lsssd.org)

**Boys Commissioner**  
Kevin Heinrich  
397-7225  
[khcp@nvc.net](mailto:khcp@nvc.net)



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**\$65 EACH for 1<sup>st</sup> & 2<sup>nd</sup> player and \$10 for the 3<sup>rd</sup> player, 4<sup>th</sup> Player is FREE!**

**\$10 discount if registered by February 28, 2010 and \$10 discount if registered online**

**Discounts apply only to 1<sup>st</sup> and 2<sup>nd</sup> player (Max discount \$40)**

**Player/Parent Information:**

*(one player per form, please)*

**U6 U7 U8 U10 U12 U14 U16 U19 and Boy - Girl**

*(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 \_\_\_\_\_