



Grand Prairie Soccer Association



Player: Last Name _____ First Name _____ Initial _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Birth Date Mo. _____ Day _____ Year _____ Male Female

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

e-mail address: _____

Other children From Family Presently In League: Yes No

Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number of prior seasons played _____

UNIFORM SIZE

SHIRTS: YOUTH XS S M L ADULT S M L XL SHORTS: YOUTH XS S M L ADULT S M L XL

PARENTAL SUPPORT

We ask for active participation of all parents in our program
Check area(s) in which you would be willing to help.

Coach Asst. Coach Referee Field Preparation Concessions Board Member Clean Up Crew

CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

Signature of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Bus. _____

IMPORTANT

I, THE PARENT/GARDIAN OF THE BELOW-NAMED PLAYER WILL ABIDE BY THE RULES AND REGULATIONS OF THE Grand Prairie Soccer Association, USYSA, ASSA, IT'S AFFILIATED ORGANIZATIONS AND IT'S SPONSORS. In consideration of the player's participation in the soccer programs and activities of GPSA, I, for myself and for the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify GPSA, it's affiliates, the owners 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 hereby authorized. I further grant GPSA and it's affiliates the right to use the player's name, picture 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 program.

Name: Print: _____ Signature: _____ Date: _____
(Parent Guardian) (Parent Guardian)

Name: Print: _____ Signature: _____ Date: _____
(Player) (Player or Parent)

OFFICIAL USE ONLY

Registration Fees: \$ _____ Received: Yes No

Received by: _____ Date: _____ Cash Check # _____

\$50.00 per player if postmarked by 8/1/2022.
Mail registration form and fee to: GPSA, P.O. Box 1066, Stuttgart, AR 72160