# Lanier Soccer Association
## Registration Form

**Please Print And Complete All Information Below**

| For League Use Only: | | | | |
|---|---|---|---|---|
| New | Re-registering | Transfer | | |
| Dual | Change/ Correction | | | |
| GSSA ID# | | | | |

Last Name | First Name | MI | ☐ Male ☐ Female

Street Address

City | State | Zip Code

Birthdate
Month / Date / Year

Email | Phone Number

Year: League:

Fall: Spring: Season: Team:

Seasons Played — Last Year / Season / League / Team Played

South / City / North
Practice Preference (Circle)
(Note all U12 & up practice at ACSC)

Carpool Request: (1 Name Allowed / Both players must make same request)
(Only places players together - does not guarantee team placement)

School Attending:

Siblings Also Playing: (Include Name and Age)

Any Medical Conditions: (ie. Allergies - Asthma)

Parent Information

| | | |
|---|---|---|
| Dad's Name: | Occupation: | Phone Number: |
| Mom's Name: | Occupation: | Phone Number: |

Where Can You Volunteer: (Please Circle)

| | | |
|---|---|---|
| Coach | Translator | School Flier Distribution |
| Assistant Coach | Assist With Open Registrations | Equipment Distribution & Collection |
| Team Parent | Merchandise Table (Time Slot On Game Days) | Practice Field Set Up / Take Down |

I HEREBY GIVE APPROVAL FOR THE PARTICIPATION OF MY CHILD IN ANY AND ALL GSSA AND AFFILIATED ASSOCIATIONS OR LEAGUE ACTIVITIES AND I ASSUME ALL RISK AND HAZARDS INCIDENT TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SAID ACTIVITIES, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE GSSA AND AFFILIATED ASSOCIATION LEAGUE, ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS AND PERSONS OR PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES FROM ANY CLAIMS RISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT A PLAYER WHO REGISTERS WITH AN AFFILIATED LEAGUE IS BOUND TO THAT LEAGUE FOR THE ENTIRE SEASONAL YEAR, UNLESS A TRANSFER IS REQUESTED FOR EXTENUATING CIRCUMSTANCES.

**PARENT / GUARDIAN SIGNATURE:** **DATE:** **County Of Residence**

| For Office Use Only: | Registration Fee Received |
|---|---|
| | cash: |
| Team Assignment | check: |