



**ADULT LEAGUE
MEMBERSHIP FORM**
903-759-GLSA (4572)

SEASON: 2012

Circle One: Fall Spring

Greater Longview Soccer Association

www.longviewsoccer.com

***\$50 PLAYER REGISTRATION FEE - \$60 LATE REGISTRATION FEE IF RECEIVED AFTER FEBRUARY 3
REGISTRATION FEE IS NON-REFUNDABLE - PLEASE FILL OUT COMPLETELY***

GLASA Coed Division		<input type="checkbox"/> Div. 1 - Competitive	<input type="checkbox"/> Div. 2 - Recreational	Male	Female
Last Name:		First Name:		Middle Initial	
Street Address:			Apt #:		City:
State:		Zip Code:		Phone #:	
Date of Birth:					
Email			Returning Player:	Yes	No

GLASA Coed Team	
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(If you are a returning player or joining an existing/new team, please enter team or coach name. Leave team box blank if you wish to be placed on a team.)

IMPORTANT

All players are to be made aware that soccer is a physically demanding sport. In consideration of the acceptance and participation as a member of the Greater Longview Adult Soccer Association (GLASA), whether in the recreational or competitive soccer divisions, I for myself and in my capacity my heirs, executors and administrators, forever, waive, release and discharge any and all rights and claims for injuries, loss or damages whether personal or property which I may have or which may hereafter accrue to myself against the GLASA, its coaches, managers, officers, agents or successors, players, representatives, or facilities during any GLASA games, tournaments, camps, exhibitions or practice sessions conducted during the calendar year. Should the above named participant become ill or sustain any injury in which he/she is unable to make decision pertaining to his/her health, permission is granted to call a legally licensed physician for treatment or to transport the player to a hospital emergency unit for treatment

Player's Signature: _____ Date: _____

Dates of Participation Requirement:

Birthdates Prior to August 1, 1992

Fees cover all Field usage, registration, and referees.
Adult coed league games will play Sunday afternoon.

Make checks payable to GLSA

Mail to:
Greater Longview Soccer Association
3301 W Marshall Avenue, Suite 215
Longview, TX 75604

OFFICIAL USE ONLY

Birth Date Verified **Yes** **No**

Registration Fees \$ _____

Total Received \$ _____

Cash

Check Ck # _____

Date: _____ Zero Tolerance Policy Received: _____