



**RECREATIONAL
MEMBERSHIP FORM**
903-759-GLSA (4572)

Returning Player? Yes No
If Yes, name of team/coach:

Greater Longview Soccer Association
www.longviewsoccer.com
REGISTRATION FEE IS NON-REFUNDABLE

<u>Public Middle School near your home</u>		Male	Female
--	--	-------------	---------------

Last Name:		First Name:		Middle Initial			
Street Address:			Apt #:		City:		
State:		Zip Code:		Phone #:		Date of Birth:	
Email Address:			Shirt Size:		Short size:		
Father's Name:				Phone #:			
Mother's Name:				Phone #:			
Person in an emergency:				Phone #:			
Doctor to Notify:				Phone #:			
List Any Medical Problems:							

If not in automatic repool year, do you want your child on another team?: Yes No

<p align="center">IMPORTANT</p> <p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS such use is related to the player's status as a participant in the Program. Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and January 31 for U-11 through U-14 and December 1 through March 15 for U-15 through U-19 and may do so only with the written permission of the Member Association in which he/she if currently rostered.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: _____ Date: _____</p>	<p align="center">PARENTAL SUPPORT</p> <p>We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.</p> <table border="0"> <tr> <td>Coach</td> <td>Committee</td> </tr> <tr> <td>Asst. Coach</td> <td>Referee</td> </tr> <tr> <td>Sponsor</td> <td>Team Parent</td> </tr> <tr> <td>Field Preparation</td> <td></td> </tr> <tr> <td>Special Projects</td> <td></td> </tr> <tr> <td>Other: _____</td> <td></td> </tr> </table>	Coach	Committee	Asst. Coach	Referee	Sponsor	Team Parent	Field Preparation		Special Projects		Other: _____	
Coach	Committee												
Asst. Coach	Referee												
Sponsor	Team Parent												
Field Preparation													
Special Projects													
Other: _____													

<p>Were you registered on a competitive/club team last year? Yes No</p> <p align="center">U-16 and U19 players may have Sunday games.</p> <p align="center">Please refer to the back of this form for the Medical Release Form.</p>	<p>OFFICIAL USE ONLY</p> <p>Birth Date Verified Yes Waiting for Birth certificate</p> <p>Registration Fees \$ _____</p> <p>Total Received \$ _____</p> <p>Cash</p> <p>Check Ck # _____</p> <p>Date: _____ Zero Tolerance Policy Received: _____</p>
--	---