



GTSL Futsal for Haiti TEAM Registration

Team Name

Please make sure there is a Team Captain Specified,
 All communication will go to that person. (Shirt Sizes: YL, AS, AM, AL, AXL)

	Players Names	Age	T-ShirtSize
Captain	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Team Main Contact Information

Email Address

Cell phone #

Captain	<input type="text"/>	<input type="text"/>
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Youth teams will play in the age group of their oldest member. (i.e. A team with 9, 10 & 11 y/o's will play in the 11-12 age group) Adult teams will play in the age group of their youngest member.

Age groups: 9-10M, 9-10F, 11-12M, 11-12F, 13-14M, 13-14F, High School (15, 16, 17, 18) M, High School (15, 16, 17, 18) F, Adult (19-39)M, Adult (19-39) F, Adult (40+) M, Adult (40+) F.



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\$20.00/Player
Min Team = 6 players

Send both pages of this form along with payment to:
Grand Traverse Soccer League
5017 Hidden Glen Dr Traverse City Mi 49684

I, the registrant or parent/guardian of the registrant, (if a minor), agree that I and the registrant will abide by the rules of Grand Traverse Soccer League, NorthStar Soccer Inc, MSYSA and the USSF.

I/We understand and appreciate that participation or observation of the sport of soccer constitutes a risk to me/us of serious injury, including permanent paralysis or death.

Recognizing the possibility of physical injury associated with soccer. I hereby release, discharge and/or otherwise indemnify and release Grand Traverse Soccer League, NorthStar Soccer Inc. MSYSA, USSF, their employees volunteers, sponsors, event organizers, officials, and Board of Directors from any and all liability including the owners of fields and facilities utilized for the soccer programs, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the programs.

MEDICAL TREATMENT As participant(s), 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 are necessary to preserve the life, limb or well-being of myself or my dependent.

Player 1 Signature _____

Player 2 Signature _____

Player 3 Signature _____

Player 4 Signature _____

Player 5 Signature _____

Player 6 Signature _____

Player 7 Signature _____

Player 8 Signature _____

Player 9 Signature _____

Player 10 Signature _____