



GTSL - LEELANAU - Player Registration Form

please print

Date: _____

Player Name _____ Birthdate _____ Age _____

Address _____

Player Cell Number(s) _____ Player Email _____

Parents Name(s) _____

Parents Address(if different than above) _____

City _____ State MI Zip; _____

Parents Phone (if different than above) _____ ParentsEmail _____

Parents Cell Phone #1 _____ Cell Phone #2 _____

Allergies or Conditions Coaches needs to be aware about:

Emergency Contact:

Name _____ Home Number(s) _____

Cell Number (s) _____

Area CIRCLE ONE

Glen Lake	Suttons Bay	Leland	Northport
-----------	-------------	--------	-----------

Age : CIRCLE ONE U10 U12 U14 U16 U18

Gender; M F COED

Interested in NMSA travel Play Y N



GTSL - LEELANAU - Player Registration Form

please print

Volunteer; Please help us to help your child play!

I would like to volunteer for;

Consent;

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 Leelanau Youth Soccer, 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 the parent or legal guardian of the above named player, 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 my dependent.

Parents must complete a medical release form to be turned in with registration.

Parent(s) Signature

Payment Type Cash Check Amount _____ Check # _____

Received by; _____