

GRANITE STATE YOUTH SOCCER LEAGUE (GSYSL)

Player Registration:

Enter Player Information

First Name*	<input type="text"/>	Phone*	<input type="text"/>
Last Name*	<input type="text"/>	D.O.B*	<input type="text"/>
Address 1*	<input type="text"/>	Gender*	<input type="text"/>
Address 2	<input type="text"/>	Age Group	<input type="text"/>
City*	<input type="text"/>	Email	<input type="text"/>
State*	<input type="text"/>		
Zip*	<input type="text"/>		

TEAMS:

Team:	<input type="text"/>	Jersey Number:	<input type="text"/>
Player Type:	<input type="text"/>	Alt Number:	<input type="text"/>
		Position:	<input type="text"/>

ADD TO TEAM:

Add Team:	<input type="text"/>	Jersey Number:	<input type="text"/>
Player Type:	<input type="text"/>	Alt Number:	<input type="text"/>
		Position:	<input type="text"/>

Enter Family Information

Father/Legal Guardian Check if address is NOT the same as player

First Name*	<input type="text"/>	Home Phone*	<input type="text"/>
Last Name*	<input type="text"/>	Work Phone	<input type="text"/>
Address 1	<input type="text"/>	Mobile Phone	<input type="text"/>
Address 2	<input type="text"/>	Occupation	<input type="text"/>
City	<input type="text"/>	Email	<input type="text"/>
State	<input type="text"/>		
Zip	<input type="text"/>		

Mother/Legal Guardian Check if address is NOT the same as player

First Name	<input type="text"/>	Home Phone	<input type="text"/>
Last Name	<input type="text"/>	Work Phone	<input type="text"/>
Address 1	<input type="text"/>	Mobile Phone	<input type="text"/>
Address 2	<input type="text"/>	Occupation	<input type="text"/>
City*	<input type="text"/>	Email	<input type="text"/>

State*

Zip*

Additional Information

List any Medical Problem or prohibition player has:

Emergency Contact

Name*

Phone # *

Emergency Doctor

Name

Phone #

Default Jersey # *

Default Alternate #

Default Position

Number of prior seasons played?

Last team

Last league

Height

Weight

School

Grade

By checking the box to the left, I, the registrar indicate that I have received a form signed by the parent/guardian of the registrant indicating the following:

"I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of GSYSL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the GSYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the GSYSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

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."