



Georgia FC Soccer  
Select and Academy Program  
[www.georgiafc.com](http://www.georgiafc.com)

P.O. Box 1413, Snellville, GA 30078 Phone: 770-616-5267

**Player Information**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
*First Last M/F*

Address: \_\_\_\_\_  
*Street City Zip County*

Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous Soccer League: \_\_\_\_\_ Season/Year \_\_\_\_\_ # of Seasons Played \_\_\_\_\_

Emergency Info: Describe any physical or medical condition the coach should know about \_\_\_\_\_

**Parent/Guardian Information**

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Returned Checks**

All returned checks will be charged a \$20.00 fee. It is your responsibility to contact the club to arrange payment.

**Refund Policy**

Once a player has been registered with GYSA, no refunds will be given.

**READ AND SIGN BELOW:**

I hereby give approval for the participation of my child in any and all activities of the Georgia State Soccer Association (GSSA) and its affiliated associations and leagues and I assume all risks and hazards incident to such participation including but not limited to transportation to and from said activities. I waive, release, absolve, indemnify, and agree to hold harmless GSSA and its affiliated associations and leagues and all employees, organizers, supervisors, officers, directors, participants, and parents or other persons from any claims arising out of injury to my child.

**REQUIRED: Parent/Guardian**

Signature \_\_\_\_\_