INDIVIDUAL MEMBERSHIP FORM

GCYSC
PO BOX 1311
Nederland, TX. 77627
www.gcysc.com

Fees Paid:

US Youth Soccer Association

Affiliate of the United States Soccer Federation and FIFA

Preferred Level: ☐ Rec ☐ Academy ☐ Select Age Group_____

Please Print Firmly and Legibly To Make Clear Multiple Copies.

Use Birth Certificate Names

Last First Initial Nickname

Mailing Address

Street/Box No. City Zip

( ) Home Phone ( ) Cell or Other Phone Email: Primary Email Address

Date Of Birth

/ / Month Day Year

☐ Male ☐ Female

Verified by

Parent #1 _____ Employer/ Occupation _____ Cell_____

Parent #2_____ Employer/ Occupation_____ Cell_____

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Last season played: Fall or Spring 20_____ Years Exp. _____ School District _____Grade _____

	UNIFORM SIZE	
	YOUTH	ADULT
SHIRTS:	XS S M L	S M L XL
SHORTS:	XS S M L	S M L XL

Privacy Policy
Gulf Coast Soccer will not share/sell member information with/to outside entities. We will not contact members at their employer unless an emergency concerning their child/participant. At times we do need help/advice with club/facility planning and execution of projects. Our purpose for collecting employer and occupation/trade information is to identify who may have knowledge or skills that we could call on for advice on improving the club and/or facility, i.e. engineering/design, electrical, mechanical, construction, equipment operators, business, grant writing, web design, social media, photo/video, landscaping, etc. Thank You!

Image Release: GCS has permission to display images (including still photos and videos) of the participant on GCS's web site, social media sites, and/or print materials.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give 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.

☐ Selecting box gives consent for Social Media/Image, General Liability Release and for Medical Treatment

Name of Parent or Guardian _____

Signature of Parent or Guardian

X_____

PARENTAL SUPPORT

We ask for active participation of all parents in our program.
Check area(s) in which you would be willing to help.

☐ Coach ☐ Asst. Coach ☐ Referee ☐ Board Member

Committees: ☐ Facility Maint. ☐ Fundraising ☐ Sponsorships ☐ Marketing

☐ Programs ☐ Registration ☐ Other_____

OFFICIAL USE ONLY **Date:** _____

Birth Cert: ☐ Yes ☐ No **By:** _____

Player Fee .....$ _____

Discount .....$ _____

Multiple Child.....$ _____

Other .....$ _____

TOTAL $ _____

Cash ☐ $_____

Check #._____ $_____

Credit ☐ $_____