

GRIFFIN SOCCER ADULT REGISTRATION FORM

VISIT US ONLINE AT: www.griffinsoccer.org

PLAYER INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTH DATE: _____ GENDER: _____ M _____ F EMAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

EMERGENCY INFO: DESCRIBE ANY PHYSICAL OR MEDICAL CONDITION WE SHOULD KNOW ABOUT.

UNIFORM INFORMATION:

INDICATE JERSEY SIZE BELOW. UNIFORM PROVIDED WILL CONSIST OF 1 (ONE) JERSEY. JERSEY COST IS INCLUDED IN REGISTRATION FEE. PLAYERS WILL BE RESPONSIBLE FOR PURCHASING MATCHING SHORTS AND SOCKS.

ADULT SMALL _____ ADULT MEDIUM _____ ADULT LARGE _____ ADULT X LARGE _____

PAYMENT INFORMATION:

CASH OR PERSONAL CHECK MADE OUT TO GRIFFIN SOCCER CLUB.
\$25.00 FEE FOR RETURNED CHECKS

RECREATION REGISTRATION FEE: ADULT LEAGUE \$ 75.00

TOTAL DUE / PAID _____

PAYMENT CAN BE MAILED OR DELIVERED TO:

BARRON CUMMING
1331 GRANTLAND RD.
GRIFFIN GA 30224

PHONE: 770-238-2022
E-MAIL: RED350SS@AOL.COM

READ AND SIGN BELOW:

I HEREBY GIVE APPROVAL FOR MY PARTICIPATION 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 LIMITED TO TRANSPORTATION TO AND FROM SAID ACTIVITIES. I WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS GSSA AND IT'S AFFILIATED ASSOCIATIONS AND LEAGUES AND ALL EMPLOYEES, ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS, AND PARENTS OR OTHER PERSONS FROM ANY CLAIMS ARISING OUT OF INJURY.

REQUIRED SIGNATURE: _____ DATE: _____