



LEAGUE USE ONLY	Amount Paid:	Cash/Check #:	Level:
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# REC SOCCER REGISTRATION FORM

PLEASE CHECK WEBSITE FOR REGISTRATION DEADLINES ([www.graylingsoccer.org](http://www.graylingsoccer.org))

If you have any questions, please contact Sandy Bednar (989-370-5481 or [ssbednar56@gmail.com](mailto:ssbednar56@gmail.com))

**PLAYER INFORMATION**

Last Name	First Name		DOB	Sex
Address	City	Zip	Email	
Mother/Guardian's Name	Address (if different than player)		Phone	
Father/Guardian's Name	Address (if different than player)		Phone	

What level did your child play last season? \_\_\_\_\_

**SOCCER JERSEY: If the registrant played last season, the same jersey (black/yellow) can be used again.**  
 Will a jersey be needed? YES NO **Jersey for rec soccer is \$25, due with registration.**  
 If **yes**, please indicate size:  
**YOUTH SIZE:** Small (5-6) Medium (7-8) Large (10-12)  
**ADULT SIZE:** Small Medium Large X-Large

**CASA IS A VOLUNTEER-RUN ORGANIZATION. PLEASE CIRCLE AN AREA THAT YOU WILL VOLUNTEER FOR:**

COACH	ASST. COACH	CONCESSIONS	FUNDRAISING	FIELD ASSISTANCE
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**PHOTOGRAPH/MEDICAL RELEASE INFORMATION:**

I grant CASA permission to use photographs of anyone participating in CASA events in any and all of its publications, including website entries.

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective from this date and until end of the current soccer season. In case that I am not present and/or cannot be reached, any of the following person(s) are designated to act on my behalf:

\_\_\_\_ My child's coach

\_\_\_\_ CASA Board Member

\_\_\_\_ My child's carpooling parent

**EMERGENCY CONTACTS**

Name	Phone	Relationship
Name	Phone	Relationship

**Important Medical Information (known drug allergies, food allergies, physical or mental considerations)**

Parent/Guardian Signature	Date
Parent/Guardian Name (Printed)	

**DONATIONS are very important for CASA to grow and a direct donation is most beneficial to our organization.**  
 I would like to donate (please circle one) \$10 \$20 \$50 or another amount \$ \_\_\_\_\_

**ALL NEW PLAYERS MUST INCLUDE A COPY OF THEIR BIRTH CERTIFICATE WITH THIS FORM**  
 Please make checks payable to CASA. Late fees will apply on all returned checks.  
**REC Fees: U4-U5: \$45/player. U6-U14: \$60 for one player, \$100 for two players, \$140 for 3 or more players. (Plus an additional \$25 if new jersey is needed)**  
**PLEASE SEND REGISTRATION FORM & PAYMENT TO:**  
**Sandy Bednar, 3419 W. Babbitt Rd, Frederic, MI 49733 or email to [ssbednar56@gmail.com](mailto:ssbednar56@gmail.com)**