



LEAGUE USE ONLY	Amount Paid:	Cash/Check #:	Level:
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# TRAVEL 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

<p><b>PLEASE DECLARE WHAT AGE LEVEL YOU WILL BE PLAYING IN</b>                      <b>U10</b>        <b>U12</b>        <b>U14</b></p> <p><b>IF YOU WANT TO MOVE UP A LEVEL, IT MUST BE APPROVED PRIOR TO 1ST PRACTICE</b>                      <b>BOYS</b>        <b>GIRLS</b></p>
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**SOCCER JERSEY:** If the registrant played last season, the same jersey (green) can be used again.

Will a jersey be needed?    YES                      NO                      **Jersey and socks for travel are \$40, 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:**

<b>COACH</b>	<b>ASST. COACH</b>	<b>CONCESSIONS</b>	<b>FUNDRAISING</b>	<b>FIELD ASSISTANCE</b>
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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**

**TRAVEL Fees: \$100 per player. (Plus an additional \$40 if new jersey and socks are 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)**