Print Form

Club Use Only [ ] **Returning GSC Player** [ ] Boy
[ ] **New Player** Age Group U-_____ [ ] Girl

Greenhaven Soccer Club

WWW.GREENHAVENSOCCER.COM

Affiliated with SYSL, USYSA, USSF, FIFA (not affiliated with indoor soccer)

2008 MEMBERSHIP APPLICATION FORM

Player's Name_____ | _____| _____ Boy [ ] Girl [ ]
Last First Middle Initial

Address_____ | City_____ | Zip_____

Phone Number_____ Birth Date ____/____/____ **AGE ON JULY 31 OF THIS YEAR_____**

Mother_____Phone_____| | _____
Last First Home (If Different) Work

Address (if different)_____

Father_____Phone_____| | _____
Last First Home (If Different) Work

Address (if different)_____

E-Mail(s)_____

Other Responsible Adult in Household_____ | | _____| | _____
Name Relationship (Stepparent, Guardian, etc.) Phone

If the player was on a Greenhaven team **last** year and that team returns this year, does he/she wish to return to the same team? [ ] NO [ ] YES **LAST** years Team Name_____ U-_____

If the team has moved to a higher age group than the player would normally play, would he/she like to:
[ ] Return with team at older age group [ ] Be placed on a team at their age level [ ] Unsure

IF THE PLAYER IS NOT RETURNING TO LAST YEARS TEAM, PLEASE COMPLETE THE FOLLOWING:

Years soccer experience_____ Last year played_____ Team/Club Name_____

In the following section you may request placement on a specific team. You may request a specific team, coach, or to be placed with other players. These requests will be **CONSIDERED** at the coaches team selection (draft) meeting. A majority of the coaches in the age group **MUST AGREE** to allow the special request. Please explain reasons for the request.

_____

_____

_____

If your request cannot be granted, do you wish to return to your **LAST** years team? [ ] NO [ ] YES

Players in U-10 and above age groups may be eligible to play on a Metro (Class III/Select) soccer team. Metro teams play at a higher level of competition and may play additional games in tournaments. The Metro program is intended for players who want to develop soccer skills at a more advanced level. Additional time and financial commitments are required.

TO REGISTER FOR METRO SOCCER YOU MUST USE THE BLUE METRO REGISTRATION FORM.

Registration Fees: **FOR CLUB USE ONLY**

# of Children Registered_____x $70 _____ Check #_____ Cash_____

Referee Fee per Child _____x $20 _____ (U-12 and above)

Late Fee per Child _____x $30 _____ Registered by:_____ Date_____