



www.metrosoccer.org



Metro Soccer League is an independent, volunteer organization and has no affiliation with the Garden City Parks and Recreation Department. As such, we have a continuing need for volunteers (i.e. coaches, field set up and maintenance, administrative assistance.) If you would like to assist in making your child's experience in soccer as enjoyable as possible, please indicate what area you could assist in: (Coaching clinics are available.)

- Coach
- Assist Coach
- Team Manager
- Committee Chair
- Other: _____

Child's Name: _____ Male/Female

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Email (please provide): _____

Birth Date: ____/____/____ (You must provide a copy of player's birth certificate)

School attending: _____

Mother's name: _____ Father's name: _____

Current coach (if played in Spring '09): _____

Team requested (not guaranteed): _____

CLUB USE ONLY

- ____ U-9 born between 8/1/00 and 7/31/01
- ____ U-10 born between 8/1/99 and 7/31/00
- ____ U-11 born between 8/1/98 and 7/31/99
- ____ U-12 born between 8/1/97 and 7/31/98
- ____ U-13 born between 8/1/96 and 7/31/97
- ____ U-14 born between 8/1/95 and 7/31/96
- ____ U-15 born between 8/1/94 and 7/31/95
- ____ U-16 born between 8/1/93 and 7/31/94
- ____ U-17 born between 8/1/92 and 7/31/93
- ____ U-18 born between 8/1/91 and 7/31/92
- ____ U-19 born between 8/1/90 and 7/31/91

Date: _____

B/C checked by: _____

Check # _____

Amount \$ _____

Received by: _____

Team: _____

Registration Fee

\$30 Fee for returned checks

- ____ Dual Season (needs uniform) \$145
- ____ Fall only (needs uniform) \$110
- ____ Dual Season (have MSL uniform) \$110
- ____ Fall only (have MSL uniform) \$80

Make Checks payable to: **Metro Soccer League**
(No refunds will be given without board approval)

UNIFORM SIZE (please circle one): YM YL YXL AS AM AL AXL MSL Uniform #: _____

Please note: Circle one size only for both the shirt and shorts. There will be NO exchanging for a different size. If in doubt, go one size bigger giving room for movement, growth and to allow room for heavier shirt in case of cold/wet weather.

I hereby certify that it is my full knowledge and consent that the above applicant may take part in the Metro Soccer program, and to the best of my knowledge he/she has no physical deficits or conditions that would prevent participation. I will not hold the Metro Soccer League, its principals or representatives, the City of Garden City, or Garden City School District responsible for any injury my child (ward) may sustain while participating in this program. I understand that by registering my child with the Metro Soccer League that he/she is considered a signed player to the Metro Soccer League for the entire seasonal year (Fall and Spring) as is required by our membership to the Great Lakes Soccer League or WSSL, the Michigan Youth Soccer Association and the United States Youth Soccer Association.

Team sports help teach children commitment and responsibility. Soccer has two practices and one game per week. Attendance is necessary for the player to learn the skills required to be successful. If this is too much for you and your child's scheduled, you may want to consider another activity.

Parent Signature: _____ **Date:** _____

(In signing, I agree to participate in at least one club fundraiser)



IT'S ALL ABOUT THE KIDS!

