



**GOLDEN VALLEY PHOENIX SOCCER CLUB, INC.
COMPETITIVE SOCCER REGISTRATION
FALL 2009**

CLUB MUST RECEIVE REGISTRATION BY August 1, 2009.
Website information available at www.gvphoenixsoccer.org

Club Use Only	
Rec'd	
Registered	
Coord. Rec'd	
TLM	

Player Information:

Name: _____ DOB: ___/___/___ AGE: _____ GENDER: M / F
(Last) (First) (MI) (Circle One)

Address: _____ School _____
Street City Zip

Home Phone: (____) _____ parent email: _____
 Additional email: _____

I am: ___ Current Recreational Player ___ Current Competitive Player (Team : _____) ___ New to Soccer/Club

Parent/Guardian information:

Name: _____ (____) _____ (____) _____
Father/Guardian 1 Daytime phone Evening phone

Address (if different from above) _____
(____) _____
 Cell phone

Name: _____ (____) _____ (____) _____
Mother/Guardian 2 Daytime phone Evening phone

Address (if different from above) _____
(____) _____
 Cell phone

Please register my player for the following (circle one):

Age Level	U9	U10	U11	U12	U13	U14
Birth date	8/1/00 – 7/31/01	8/1/99 – 7/31/00	8/1/98 – 7/31/99	8/1/97 – 7/31/98	8/1/96 – 7/31/97	8/1/95 – 7/31/96
Gender	Boys	Boys	Boys	Boys	Boys	Boys
	Girls	Girls	Girls	Girls	Girls	Girls
Fee	\$90**	\$90**	\$100**	\$100**	\$100**	\$100**

FEES: Full payment of the registration fee payable to PHOENIX SOCCER must be included with registration. Make checks payable to GV Phoenix Soccer. Your canceled check will be the only confirmation of receipt. *New players to the club must submit a copy of their birth certificate with registration or the registration will be returned.*

****Uniform fee of \$85 is additional and must be included if competitive player is new to Phoenix Soccer.**

Uniform Size – Youth: Medium ___ Large ___ XL ___ Adult: Small ___ Medium ___ Large ___

Full refund will be made if the Club cannot place the player on an age/gender-appropriate team. No other refunds will be made except in cases of extreme hardship, and then only at the discretion of the Club. Visit our website at www.gvphoenixsoccer.org or call 763-545-0550 for more information. **SCHOLARSHIP PROGRAM:** Scholarships are available for players in need of financial assistance. Confidential inquiries may be made directly to the Competitive Vice President Rich Fromstein at: rastrol@comcast.net.

RETURN REGISTRATION FORM AND PAYMENT TO:

Via Mail (preferred): GV Phoenix Soccer, 10 Hanley Road, Golden Valley MN, 55426
 Drop Off: Brookview Community Center, 200 Brookview Pkwy, Golden Valley, MN 55426

REGISTRATION DEADLINE IS August 1, 2009

PLEASE COMPLETE BOTH SIDES OF FORM - INCOMPLETE REGISTRATION FORMS WILL BE RETURNED

For more information, email us at: rastrol@comcast.net

Player Name: _____
(Last) (First) (MI)

Medical Insurer _____ Policy Number _____ Policy Holder _____

Physician/HMO/Clinic _____ City/Zip Code _____ Phone (____) _____

Dental Insurer _____ Policy Number _____ Policy Holder _____

Dentist/Clinic _____ City/Zip Code _____ Phone (____) _____

Please list all medical problems, physical limitations or any other circumstances that may affect play or the well-being of your child. (Please also bring these to the attention of your child's coach, and notify him/her of relevant changes in your child's health.):

Medications used: _____ Allergies to drugs or medications: _____

Consent for Medical Treatment: As a parent or legal guardian of a participant in USYSA-MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be give under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Release: I hereby release and hold harmless the Golden Valley Phoenix Soccer Club (Club), its directors, officers, coaches, and other persons associated with the Club, from any liability for injury to my child or damages resulting from any Club related activities including, without limitation, practices, games, and travel to and from games. Further, I grant permission for my child's name and contact information to be placed on a roster that may be distributed to team members and their parents/guardians as it relates to calling trees, treat schedules, and other team-related communications. I also grant permission for any photos taken at soccer events to be posted to the club website. *By filling out and submitting this form I acknowledge that my child is not registered with any other club for the 2009 fall season.*

Signature: _____ Relationship: _____ Date: _____

EMERGENCY ALTERNATE CONTACT INFORMATION

Please contact the following if unable to reach either parent or guardian in the case of an emergency:

Name Relationship to player
(____) _____ (____) _____ (____) _____
Daytime phone Evening phone Other phone

Address/City/Zip Code

PLEASE LEND A HAND!!! – We are an **all-volunteer** organization. Active parent participation is essential to the continued success of the Phoenix Soccer Club.

Please check any areas in which you are able to share your skills: ___ Coach ___ Co/Assistant Coach ___ Team Manager
___ Certified Referee ___ One-Time Tasks ___ Board Member ___ Other – Contact me as needed.

Previous Golden Valley Phoenix Team and Coach _____

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