



GOLDEN VALLEY PHOENIX SOCCER CLUB RECREATIONAL SOCCER REGISTRATION SPRING/SUMMER 2007

CLUB MUST RECEIVE REGISTRATION BY FRIDAY MARCH 1st, 2007. Teams kick-off in April at Lions Park in Golden Valley, games begin in early June. For more information, please contact the Recreational VP at jdostdiek@comcast.net or visit our website at www.gvphoenixsoccer.org

PLEASE RETURN REGISTRATION FORM AND PAYMENT TO:

Via Mail (preferred): GV Phoenix Soccer, 1609 Gettysburg Avenue North, Golden Valley, MN 55427
Drop Off: Brookview Community Center, 200 Brookview Pkwy., Golden Valley, MN 55426

Player Information:

Name: _____ Date of Birth: ____/____/____ Grade (2006-2007): ____ Gender: M / F
(Last) (First) (MI) (Circle One)

Address: _____ Street _____ City _____ Zip _____ School _____

Home Phone: (____) _____

Please circle T-shirt/Jersey size: Youth S (6-8) Youth M (10-12) Youth L (14-16) Youth XL (18-20) Adult S Adult M

Parent/Guardian information:

Name: _____ (____) _____ e-mail _____
Father/Guardian 1 Work phone

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

Name: _____ (____) _____ e-mail _____
Mother/Guardian 2 Work phone

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

Please register my child for the following team (check one):

X	Team	Playing Nights	Birth Date Range	Reg. Fee
<input type="checkbox"/>	U6 Co-ed	Monday/Wednesday	8/1/00 – 7/31/01	\$ 60
<input type="checkbox"/>	U8 Girls	Monday/Wednesday	8/1/98 – 7/31/99	\$ 70
<input type="checkbox"/>	U8 Boys	Tuesday/Thursday	8/1/98 – 7/31/99	\$ 70
<input type="checkbox"/>	U10 Girls	Monday/Wednesday	8/1/96 – 7/31/97	\$ 90
<input type="checkbox"/>	U10 Boys	Tuesday/Thursday	8/1/96 – 7/31/97	\$ 90

FEES Include: A team T-shirt for U6 and U8 players and jersey and socks for U10. Also included in the fee is a participation award at the end of the season. **Full payment of the registration fee must be included with this registration form.** Checks should be payable to PHOENIX SOCCER. A 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. Refunds cannot be made after teams are formed.

FINANCIAL ASSISTANCE AVAILABLE: Financial assistance is available for players in need. Confidential inquiries may be made directly to the Recreational Coordinator, at jdostdiek@comcast.net or (763) 545-1122.

PLEASE LEND A HAND!!! We are an all-volunteer organization serving over 600 girls and boys. Active parent participation is essential to the continued success of the Phoenix Soccer Club. Please check any areas in which you are able to lend a hand. _____ **Coach** _____ **Co/Assistant Coach**

We also need help in the following areas:

_____ Jamboree set-up or take down _____ Jamboree concessions _____ One time tasks _____ Year end BBQ

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REGISTRATION DEADLINE IS FRIDAY, MARCH 30th, 2007

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.

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 _____		

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.

Signature: _____ Relationship: _____ Date: _____

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