

In partnership with Roanoke City Parks and Recreation Youth Athletics, there are 4 Roanoke City Regional Recreational Clubs that provide recreational teams for players that reside in **Roanoke City**. To locate your regional recreation club, GO TO: <http://www.playroanoke.com/athletics/recreation-club-regions/> and enter your address. Or call Roanoke City Parks and Rec. 853-2236.

**THIS REGISTRATION IS FOR GSA ONLY and all GSA participants must be Roanoke City residents and live in GSA'S Region IV, Southwest.**  
**GSA's serves households with home residence that are in the following City elementary schools regions:**  
**Crystal Spring, Fishburn, Grandin Court, Virginia Heights, and Wasena**



**GREATER SOUTHWEST ATHLETICS (GSA)**  
**FALL SOCCER 2017**



**Registration DEADLINE July 1**

**Player Eligibility**

**Practice & Game Season is August – early November**

All GSA participants must be Roanoke City residents, live in Region IV, GSA-Southwest. 5 years old must be 5 on or before Aug. 1, 2017. All other ages are determined by age on Jan 1, 2018. **All players must participate in their appropriate age group; no exceptions to this rule.** If a sufficient number of coaches are not available, we may not be able to honor your request for participation. Siblings in the same age group will be kept together upon request.

**Player Registration Form: Please print**

<b>Player's Name</b>		<b>*Date of Birth:MM/DD/YYYY</b> ____ / ____ / ____ <small>*if birth cert is not on file- send copy</small>	
<b>Address</b>		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Zip Code</b>
<b>Parent/Guardian</b> 1. _____ 2. _____		<b>Work Phone</b>	<b>Home Phone</b>
<b>Email Address(contact email for GSA coach)</b>		<b>Cell Phone</b>	<b>Mom: Dad: Mom: Dad:</b>
<b>School (Fall 2017)</b>	<b>Grade (Fall 2017)</b>	<b>* Age on Jan 1, 2018</b> (5 years old must be no younger than 5 years on or before Aug 1, 2017. No older than 18 years by Sept. 30, 2017)	
<b>Team Last Fall (2016 Team)</b>	<b>Requested Team/ Coach</b>	<b>Do you play travel soccer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please use additional sheet to give details of any disability that might hinder the above applicant from participating in GSA Soccer.*

**PARENTS: We need your help. Lack of sufficient number of coaches / volunteers may result in players not being able to be placed on a team.**

Please volunteer for one of the following jobs:  Coach  Assistant Coach  Team Manager

Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Age Division you want to coach: \_\_\_\_\_ Team you want to coach: \_\_\_\_\_

Did you Coach or Asst. Coach last year?  Yes  No 2016 Age Division \_\_\_\_\_ Team Name \_\_\_\_\_

**AGE DIVISIONS:** 5 years old must be 5 on or before Aug. 1, 2017. All other ages are determined by age on Jan 1, 2018. **All players must participate in their appropriate age group; no exceptions to this rule. Please check the appropriate age/gender division for your child.**

<b>Coed:</b> <input type="checkbox"/> U - 6 Instructional Coed <input type="checkbox"/> U - 8 Coed	<b>Playing Age:</b> 5 years old ( <b>Must be 5 by Aug 1,</b> 2017 and can't be 6 before Jan 1, 2018) 6, 7 years old (Can't be 8 before Jan 1)	<b>Eligible Date of Birth:</b> Players born 1/1/2012 to 8/1/2012 Players born 1/1/2010 to 12/31/2011
<b>Boys:</b> <input type="checkbox"/> U - 10 <input type="checkbox"/> U - 12 <input type="checkbox"/> U - 14 <input type="checkbox"/> U - 17 <input type="checkbox"/> U - 19	<b>Girls:</b> <input type="checkbox"/> U - 10 <input type="checkbox"/> U - 12 <input type="checkbox"/> U - 14 <input type="checkbox"/> U - 17 <input type="checkbox"/> U - 19	<b>Playing Age:</b> 8, 9 years old (Can't be 10 before Jan 1) 10, 11 years old (Can't be 12 before Jan 1) 12, 13 years old (Can't be 14 before Jan 1) 14, 15, 16 years old (Can't be 17 before Jan 1) 17,18 years old (Can't be 19 before <b>Sept 30, 2017</b> )
		<b>Eligible Date of Birth:</b> Players born 1/1/2008 to 12/31/2009 Players born 1/1/2006 to 12/31/2007 Players born 1/1/2004 to 12/31/2005 Players born 1/1/2001 to 12/31/2003 Players born 9/30/1998 to 12/31/2000

**UNIFORM SIZES: Please check "Youth" or "Adult" and check one size each for Jersey and Shorts. Registration fee includes uniform**

<b>Jersey</b>	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
<b>Shorts</b>	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large

**REGISTRATION – 2 Options** Registration must be with payment before the deadline to be accepted.

HOUSEHOLDS WITH OUTSTANDING FEES ARE INELIGIBLE TO PARTICIPATE WITH GSA REC SPORTS. Contact GSA to pay balance.

- o **\$65.00** U6 through U12 age divisions
- o **\$70.00** U14 through U19 age divisions. Includes Virginia Youth Soccer Association membership required to participate in Roanoke County soccer league.

1. Mail this completed form with a check payable to **GSA**, plus a COPY OF YOUR CHILD'S BIRTH CERTIFICATE to:

**Greater Southwest Athletics, 234 Parkcrest Street, SW Roanoke, VA 24014.**

\* If Birth Certificate copy is not already on file. Players beginning recreational sports must provide copy of birth certificate.

Do not leave this form with Parks and Recreation Dept. please mail to address above.

2. Register Online at: [www.GSAsports.org](http://www.GSAsports.org) with a Debit/Credit Card.

**REGISTRATION DEADLINE: July 1- Forms received after JULY 1, 2017, will be placed on a waiting list at the Athletic Director's discretion and cannot be guaranteed placement. There is a \$10.00 LATE FEE. Each team roster is final at the start of the first scheduled match.**

**WAIVER**

I hereby release Roanoke City, Greater Southwest Athletics (GSA), and their directors, officers, employees, agents, and volunteers from liability with respect to any injury or illness sustained by my registered child while participating in this program. I certify that the named participant, to the best of my knowledge, is in good health and able to participate in the sport listed.

<b>Parent/Guardian Signature</b>	<b>Date</b>
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