

Grand Junction Soccer Club  
 529 25 1/2 Rd. Suite B112  
 Grand Junction, CO. 81505  
 Phone 970-242-4550 Fax 970-242-4971  
**2009/10 INDOOR FUTSAL LEAGUE**



**\$55.00 Registration Fee  
 Referee Fee Included!**

**Registration Deadline: December 4th, 2009**

**Team Information**

Team Name: \_\_\_\_\_

Responsible Parent: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Player Information**

Players Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address:, City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ **Please Print Clearly**

Date Of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Medical Problem or Concern: \_\_\_\_\_

**Primary Contact Information**

Mother/Stepmother \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Father/Stepfather \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Payment Information**

Amount \$ \_\_\_\_\_ Cash Check C/C Visa or MasterCard \_\_\_\_\_ Exp. Date \_\_\_\_\_

This is to Certify that this player has my permission to play the Grand Junction Soccer Club's indoor Futsal League for 2009/10. I have listed any know physical or health restrictions on this players ability to participate in the soccer program. I understand that participating in this sports activity could result in injury to my child and I hereby release on behalf of myself and my child, GJSC, its employees and agents, volunteers, members and officials from any liability. As the parent or legal guardian of the above named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. GJSC also has my permission to use my child's photo for promotional materials, such as website or registrations.

**I have read and accepted the GJSC Futsal Soccer Policy Statement as outlined.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Team Formation:** Players are requested to register as a team ( the Club will try to group interested individual players into teams, but there are no guarantees). There will be a minimum of 4 players per team with a maximum of 8. U9 through U14 teams must be of the same gender and the same age group. According to the age of the oldest player using USYSA age limit guidelines. U15 and older will be Co-ed and must have at least two female members on the court at all times. A player may play for more then one team, but no more then two teams.

**Team Requirements:** Each team (except Adult) must have a Responsible Parent at EVERY game. **Uniforms:** Teams must wear similar T-Shirts or jerseys, shin guards and socks covering shin guards. The first team listed on the schedule is the home team—DARK SHIRTS. The visitors will wear LIGHT Shirts. **Team Names:** Team names have to be approved by the office. **Games:** Games will be 30 minutes in length and a strict time frame has to be maintained. **NO FOOD OR DRINK, OR DOGS ARE ALLOWED IN THE BUILDING. THESE RULES WILL BE STRONGLY ENFORCED.**

**Refund Policy:** To be considered for a refund, a written request must be submitted to GJSC. A minimum of \$20.00 processing fee and other charges may be retained.

USYSA Age Divisions	
Birth Dates	Divisions
<input checked="" type="checkbox"/> 8/1/99—7/31/01	U9—U10
<input checked="" type="checkbox"/> 8/1/97—7/31/99	U11—U12
<input checked="" type="checkbox"/> 8/1/95—7/31/97	U13—U14
<input checked="" type="checkbox"/> 8/1/91—7/31/95	U15—18 Co-ed
<input checked="" type="checkbox"/> 8/1/91 and older	Adult Co-ed