



Gateway Science Academy

Spring/Fall 2019 Soccer Registration: Kindergarten - 6<sup>th</sup> Grade

Cost per player: \$100.00 For Spring AND Fall Session

(Family Discount of \$30.00 for each additional child applies when signing up for both sessions)

\$60.00 for Spring Session Only (Includes Uniform Shirt)

Form Due: Friday Feb 15<sup>th</sup>



**Games tentatively begin the week of March 8th**

**\*\*ONLY CHECKS MADE PAYABLE TO GSA-AA WILL BE ACCEPTED – NO CASH\*\***

Please complete all pages, sign pgs. 2 - 4 and return with check attached to the school office by deadline, in an envelope marked "ATTN: Sean Lowry".

PLEASE DIRECT ANY QUESTIONS AND/OR CONCERNS TO:

**You can also register online at <https://elksoccerclub.leagueapps.com/signup>**

Sean Lowry

GSA Athletic Association Soccer Director

(314) 616-2805 / [smlowry1@gmail.com](mailto:smlowry1@gmail.com)

Photo Release:

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by Gateway Science Academy Athletic Association for the GSA Athletic Association website: <http://www.gsaathletics.com>

WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

I am the parent or legal guardian of before-mentioned student/player who has enrolled in a Gateway Science Academy – GSA Athletic Association Program.

In return for the Minor being accepted into a program being offered by Gateway Science Academy ("the Program"), I:

1. Acknowledge that I understand the nature of the Program, and believe that Minor is qualified and in proper physical condition to participate in the Program. I further agree that if at any time, I or Minor believes conditions to be unsafe with respect to Minor's physical condition, the equipment, or facilities, it shall be Minor's responsibility to, and Minor, will, immediately discontinue participation in the Program.
2. Further acknowledge that the program involves the risk of serious bodily injury (including the possibility to permanent disability, paralysis, or death), which may be caused by (a) Minor's own actions or inactions, (b) the actions or inactions of others participating in the Program, (c) the condition of the equipment and /or facilities at which the Program is located, or due to the actions or inactions of the entities and persons identified below; and I fully accept and assume all such risk and all responsibility for losses, costs, and damages Minor may incur as a result of Minor's participation in the Program.


3. Acknowledge that this is a program sponsored by GSA and as such, all applicable District regulation, policies, procedures and consequences as defined in the student handbook will apply during the Minor's participation in this program.
4. Accordingly, I hereby release GSA, together with its Board of Education, directors, officers, employees, volunteers, agents from all liability, claims, demands, losses, or damages arising out of Minor's participation in the Program; and I further agree that if, despite this release and waiver of liability agreement I, the Minor or anyone on behalf of Minor or myself, makes a claim release in this agreement, I will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss liability, damage or cost they may incur as the result of such claim.
5. Agree that in an emergency, any GSA representative may transport or authorize the transportation of my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I understand that the cost of medical attention and ambulance care my responsibility.
6. Acknowledge that information about my child provided in this registration may be used by a GSA representative or any individual or organization identified by GSA as needed in order to effectively execute the program.
7. Acknowledge that from time to time, a GSA representative may photograph or videotape my child while he/she is involved in a GSA program or activity. These photographs or videotape will solely be used by GSA for the promotion and marketing of district programs and activities and will not be sold. I understand that it is my responsibility to notify GSA in writing if I do not wish to have my child photographed or videotaped.

I have read this agreement, as well as, all District regulation, policies, procedures and consequences as defined in the student handbook, fully understand its terms, and have voluntarily entered into this agreement of my own free will based only upon the terms and conditions included herein.

Parent/Guardian Signature: \_\_\_\_\_

Parent Name (please print legibly): \_\_\_\_\_

Parent Email (please print legibly): \_\_\_\_\_

	<p><b>Elks Recreational Soccer Player Registration</b>          elksyouthsoccer.com <a href="https://elksoccerclub.leagueapps.com/signup">https://elksoccerclub.leagueapps.com/signup</a> Elks Youth Soccer          P.O. Box 1092          Granite City, IL 62040</p>	<p>To be filled out by registration personnel          Age Bracket _____ Gender _____          Payment: Cash/Check # _____ Amount _____          Birth Certificate Yes/No/On File          Medical Release Yes/No          Cards Issued Yes /No          Team assigned to _____</p>
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Player Name \_\_\_\_\_  
 First Name Middle Initial Last Name

Address \_\_\_\_\_  
 Street City State Zip Code

Birth date: \_\_\_/\_\_\_/\_\_\_ Male / Female T-Shirt Size: YS YM YL AS AM AL AXL,

School Player attends or will attend: \_\_\_\_\_ Grade Level: \_\_\_\_\_

If player is currently on a team do you want to return to that team? Yes/No

Preferred coach player wants to play for: \_\_\_\_\_

Have you verified with the coach that he/she has saved a spot for you on the team? Yes/No

Mother: \_\_\_\_\_  
 First Name Last Name Middle Initial

Address \_\_\_\_\_  
 Street City State Zip Code

Phone Number's (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Carrier \_\_\_\_\_ Mother Date of Birth: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Print Email address – it will be used to keep players and parents updated about Soccer Schedules.**

If you are interested in helping please circle the position? Coach Asst. Coach Manager

Father: \_\_\_\_\_  
 First Name Last Name Middle Initial

Address \_\_\_\_\_  
 Street City State Zip Code

Phone Number's (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Cell Carrier \_\_\_\_\_ Father Date of Birth: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Print Email address – it will be used to keep players and parents updated about Soccer Schedules.**

If you are interested in helping please circle the position? Coach Asst. Coach Manager

We hereby acknowledge and certify via signature that we are the parents/legal guardians for the player/participant listed herein. Further, we (player and parents/legal guardians) further agree to abide by the rules, regulations, policies and decisions of the Elks Youth Athletics. (EYA) We also certify that the information provided herein is complete and accurate. We grant permission to the (EYA) to use any and all photographs, videography and information provided for the purpose conducting business for the (EYA). We understand that the program fees are non-refundable. We understand that the player will not be permitted to participate in the program until (EYA) is in receipt of the player's Registration Form, Illinois Youth Soccer Emergency Medical Release and Liability Waiver and Birth Certificate or legal proof of age. We acknowledge and fully understand that the player is engaging in activities that involve risk of injury, including permanent disability or death, and severe social and economic losses. We hereby give our consent for emergency medical care and accept personal responsibility for the damages. We also agree to save and hold harmless, and not to pursue any litigation the Elks Youth Athletics, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event (hereinafter collectively referred to as releases) from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, caused, or claimed to be caused, and any injury or accident resulting from participation or alleged to be caused in whole or in part by the negligence of the releases.

Parent/Guardian Signature: \_\_\_\_\_

Priority for placing players is by need, not by request. In spring players are allowed to switch teams.



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**