

# INDIVIDUAL CLUB MEMBERSHIP FORM



**GCYSC**  
**PO BOX 1311**  
**Nederland, TX. 77627**  
**www.gcysc.com**

Fees Paid: \_\_\_\_\_

## AFFILIATIONS



Requested Program:  Rec  COE Academy  Competitive    Age Group \_\_\_\_\_

**Please Print Firmly and Legibly To Make Clear Multiple Copies.**

Use Birth Certificate Names	Last	First	Initial	Nickname
Mailing Address	Street/Box No.		City	Zip
( )	( )	Email:		
Date Of Birth	Home Phone	Cell or Other Phone	Primary Email Address	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Month	Day	Year	Verified by

Parent #1 \_\_\_\_\_ Employer/Occupation \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 \_\_\_\_\_ Employer/Occupation \_\_\_\_\_ Cell \_\_\_\_\_

List any medical problems or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Last season played: Fall or Spring 20\_\_\_\_\_ Years Exp. \_\_\_\_\_ School District \_\_\_\_\_ Grade \_\_\_\_\_

	UNIFORM SIZE				ADULT	Privacy Policy
	YOUTH					
SHIRTS:	XS	S	M	L	S M L XL	Gulf Coast Soccer will not share/sell member information with/to outside entities. We will not contact members at their employer unless an emergency concerning their child/participant. At times we do need help/advice with club/facility planning and execution of projects. Our purpose for collecting employer and occupation/trade information is to identify who may have knowledge or skills that we could call on for advice on improving the club and/or facility, i.e. engineering/design, electrical, mechanical, construction, equipment operators, business, grant writing, web design, social media, photo/video, landscaping, etc. Thank You!
SHORTS:	XS	S	M	L	S M L XL	
UNIFORM # (current):	_____					

**MEMBER AGREEMENT:** I understand and agree to pay all Club fees associated with playing at Gulf Coast Youth Soccer Club, including but not limited to program registration, club dues, administrative, operations fees and training (if applicable) that are included in the Bi-Annual (Spring or Fall) or Annual (Competitive only) club membership registration. **Refer to gcysc.com for Member Benefit details.**

**RELEASE FROM LIABILITY:** I agree that I and the Registrant will abide by the rules and policies of Gulf Coast Youth Soccer Club ("GCYSC"), U.S. Youth Soccer, U.S. Club Soccer, and any affiliated organizations and sponsors. I am fully aware that there are risks and physical injuries such as sprains, fractures, scrapes, serious head and bodily injuries inherent in participating in any sport, including soccer, and in consideration for GCYSC accepting the Registrant for its soccer programs and activities ("Programs"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for all purposes, regardless or irrespective of cause and **regardless of whether attributable to the sole negligence of the indemnified parties** GCYSC, its affiliated organizations and sponsors, its employees, directors, contractors and associated personnel, including the owners of fields and facilities utilized for any Programs, (hereinafter all called indemnified parties) from any claim, liabilities, demands, injuries, or cause of action by or on behalf of the Registrant or their parents/guardians that may arise as a result of the Registrant's participation in the Programs, including but not limited to personal injuries while participating in the Programs or while in route to or from any location where Programs are being held. **Force Majeure.** In the event either party is unable to perform its obligations under the terms of this Agreement because of acts of God, natural disasters or government mandated closures, strikes, equipment or transmission failure or damage reasonably beyond its control, or other causes reasonably beyond its control, such party shall not be liable for damages to the other for any damages resulting from such failure to perform or otherwise from such causes.

**IMAGE RELEASE:** GCYSC has permission to display images (including still photos and videos) of the participant on GCYSC web site, social media sites, and/or print materials.

**CONSENT FOR MEDICAL TREATMENT:** I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I give my consent that the Registrant may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and facility staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures under whatever conditions necessary to preserve the life, limb or well-being of the Registrant, without guarantee as to the results of examination or treatment.

Selecting box gives consent for Member Agreement, General Liability Release, Image Release and Consent for Medical Treatment.

Printed Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

X

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

Coach  Asst. Coach  Team Mgr.  Referee  Board Member

**Committees:**

Facility Maintenance                       Registration  
 Fundraising/Sponsors                       Special Events  
 Marketing     Other

**OFFICIAL USE ONLY** Date: \_\_\_\_\_

Birth Cert:  Yes  No Rec. By: \_\_\_\_\_

Player Fee .....\$ \_\_\_\_\_

Discount .....\$ \_\_\_\_\_

Uniform.....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Cash  \$ \_\_\_\_\_

Check #. \_\_\_\_\_ \$ \_\_\_\_\_

Credit  \$ \_\_\_\_\_