

GUSC Advanced Development Program (ADP)
2009 – 2010 Player Registration Form

Name: _____

Address: _____

Phone: _____ (Home) _____ (Cell)

Age: _____ D.O.B. _____ Email: _____

Check Session(s): _____ Winter Session - \$180.00 12/09/2009 – Training Only

_____ Winter Session - \$250.00 12/09/2009 – Training & Games

_____ Spring Session - \$120.00 Begins Thursday April 22nd

Emergency Contact: (Non – Parent)

Name: _____ Phone: _____

Please include relevant medical information in writing with this form.

I certify that my child is in good health and may participate in all ADP activities. I agree to hold Guilderland United Soccer Club, its entities, its agents, employees and contractors, harmless from any and all injuries sustained to my child during his/her participation in the ADP Session attended. I also grant permission for my child to receive emergency medical treatment, if required.

Parent Signature: _____ **Date:** _____

Amount Enclosed: _____ Contact Mike Kinnally with questions at [HYPERLINK "mailto:kinnallymr@msn.com" kinnallymr@msn.com](mailto:kinnallymr@msn.com)

(Please make checks out to: Guilderland United Soccer Club)

Please Mail To:

Guilderland United Soccer Club (ADP)
P.O. Box 181
Guilderland, NY 12084

