



**YOUTH RECREATION SOCCER
FALL 2011 SIGN-UPS
For Girls and Boys**



REGISTRATION BEGINS –Aug. 1st, 2011 – Aug. 15th, 2011
www.gastonunitedsoccer.org

or

**Bring your registration, payment, copy of birth certificate, and medical release form by the office.
Office Hours are: 9:30 a.m. – 11:45 a.m. and 1:30 p.m. – 3:30 p.m.**

Age Groups

U5 – Birthdates between 8/1/04 – 7/31/05
U6 - Birthdates between 8/1/03 – 7/31/04
U7 - Birthdates between 8/1/02 – 7/31/03
U8 – Birthdates between 8/1/01 – 7/31/02
U9 – Birthdates between 8/1/00 – 7/31/01

U10 - Birthdates between 8/1/99-7/31/00
U12 - Birthdates between 8/1/97 - 7/31/98
U14 - Birthdates between 8/1/95 - 7/31/96

NOTE: Age groups may be combined based on number of players in age groups

***To clarify birthdates/age groups: For example, if a child turns 8 during the season, they could play in the U8 age group
***All games are played at Poston Park in Lowell. Practice locations vary within Gastonia.

More Information: Website: www.gastonunitedsoccer.org to print registration form, rules, dates, and benefits.
Office Phone: 704-823-7322 or Jeff Phillips: 704-560-0885
Email: guscreationsoccer@gmail.com for any questions.

Registration: \$70.00 per child (a \$5 sibling discount will be given for each additional child registered from same family). All registration ends Aug 22nd (late fee applies). Includes (uniform, soccer ball, insurance, awards, and Fun Day.)

Gaston United Recreation Registration Form – Fall 2011

(Return completed registration with a check, copy of birth certificate, and medical release form)
(If completing registration online please mail a copy of the birth certificate and the medical release form)
to 3434 S. New Hope Road, Gastonia, NC 28056

Child's Name: _____ Age: _____ Gender _____

Grade: _____ Birthdate: ___/___/___ School: _____

Address: _____

City: _____ State: _____ Zip: _____ Playing Experience (Seasons) _____

Contact Information: Father's Name: _____ Phone _____ Cell _____

Email: _____

Mother's Name: _____ Phone _____ Cell _____

Email: _____

Uniform Jersey Size: YXS, YS, YM, YL, AS, AM, AL *Uniforms will not be exchanged once ordered.
Uniform Short Size: YXS, YS, YM, YL, AS, AM, AL *Uniforms will not be exchanged once ordered.

** PLEASE CONTACT US ABOUT BECOMING A VOLUNTEER COACH. (Training Provided)

Parent/Guardian Name: _____ Date: _____

Name of 1 friend or coach you would like to play for or with: _____