



**GUSC RECREATION SOCCER**  
**Spring 2012 SIGN-UPS**  
**For Girls and Boys**  
[www.gastonunitedsoccer.org](http://www.gastonunitedsoccer.org)

**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 8/1/06 – 7/31/07  
 U6 - Birthdates between 8/1/05 – 7/31/06  
 U7 - Birthdates between 8/1/04 – 7/31/05  
 U8 - Birthdates between 8/1/03 – 7/31/04  
 U9 - Birthdates between 8/1/02 – 7/31/03

U10 - Birthdates between 8/1/01-7/31/02  
 U12 - Birthdates between 8/1/99 - 7/31/00

**\*\*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](http://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](mailto: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 Feb 15 with a late fee applied to applications between Feb 9-15.**

**Gaston United Recreation Registration Form –Spring 2012**

(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)**

Requests: (only one) Name one friend or one coach you would like to play for or with: