

RICHLAND AREA ROTARY YOUTH SOCCER  
REGISTRATION FORM

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Last Name\_\_\_\_\_ First Name\_\_\_\_\_ MI\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_ Zip Code\_\_\_\_\_ Birthdate\_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone\_\_\_\_\_ Gender\_\_\_\_\_ Email\_\_\_\_\_

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School\_\_\_\_\_ Grade Entering\_\_\_\_\_ Height\_\_\_\_\_ Weight\_\_\_\_\_

Years Played\_\_\_\_\_ Last RARYS Team\_\_\_\_\_ Last Year Played\_\_\_\_\_

Shirt Size\_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_ AXL (sizes run small)

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Primary Parent/Guardian:

Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

Other Parent/Guardian:

Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

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Parental Support

We need active participation of all parents in our program. Check the area below in which you will be willing to help.

COACH

EQUIPMENT

ASSISTANT COACH

CONCESSION STAND

REFEREE

ANYWHERE (as needed)

FIELD PREP-requires week night or early Saturday availability

\$20 DONATION IN LIEU OF VOLUNTEERING (\$10 for each additional child)

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In the case of an emergency, and parents are unreachable, who should we call?

1<sup>st</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

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	1 Player	2 Players	3 Players	4 Players
Regular Fee by 7/31/2011	£ \$25	£ \$50	£ \$70	£ \$90
Regular Fee with donation in lieu of volunteering	£ \$45	£ \$80	£ \$110	£ \$140
Late Registration 8/1 – 8/15/2011	£ \$35	£ \$70	£ \$100	£ \$130
Late Registration with donation in lieu of volunteering	£ \$55	£ \$100	£ \$140	£ \$180

CHECK ATTACHED IN THE AMOUNT OF \$ \_\_\_\_\_ Made payable to RARYS.

Other children in family in RARYS \_\_\_\_\_ Preferred town for team practice (check one)  
\_\_\_\_\_  Richland Center  Muscoda

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#### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any medical prohibitions/problems \_\_\_\_\_

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I, the parent/guardian, certify that the registrant, a minor, is physically able to participate in soccer and agree that the registrant and I will abide by all the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer program and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_