



SUMMER 2010 RDYSL SOCCER REGISTRATION

PLAYER'S NAME _____ BIRTH DATE _____ GENDER _____
 ADDRESS _____ ZIP CODE _____
 PHONE # _____ ALTERNATE PHONE # _____ CURRENT GRADE _____
 PARENTS OR GUARDIANS FULL NAMES _____
 EMAIL ADDRESS (Print Clearly) _____

<input checked="" type="checkbox"/>	Birthdate	Age Group	Gender	League	Fee	Uniform /T-Shirt Sizes	Bloomfield SC
<input type="checkbox"/>	8-1-97 to 7-31-98	U12	Girls	RDYSL	*\$95	Youth S M L	Check # _____
<input type="checkbox"/>	8-1-95 to 7-31-96	U14	Girls	RDYSL		Adult S M L XL XXL	Fee Paid _____
<input type="checkbox"/>	8-1-94 to 7-31-95	U15	Girls	RDYSL		Date _____	
<input type="checkbox"/>	8-1-92 to 7-31-93	U17	Girls	RDYSL		Age Verified ? <input type="checkbox"/>	
<input type="checkbox"/>	8-1-90 to 7-31-91	U19	Girls	RDYSL		Birth Certificate? <input type="checkbox"/>	

AT TIME OF REGISTRATION EACH PLAYER MUST PAY \$10 AND SUPPLY A PASSPORT PHOTO AND IF A NEW MEMBER TO THE CLUB A COPY OF THE PLAYERS BIRTH CERTIFICATE

* **Fee:** \$10 due September 30th for teams with tryouts balance due March 1st 2010. Teams participating in tournaments will collect additional fees to cover those expenses (~\$25-\$35 per player per tournament).

Equipment: Fee includes uniform for the season that players keep (home/away jerseys, one pair of shorts and one pair of socks). All players must provide and wear shin guards as well as footwear. Molded cleats are allowed but not required.

Playing Up: The player must notify their age appropriate coach that they are trying out for the older team and notify the club in writing prior to tryout. Players must be in the top 25% of the players on the older team they wish to play for and receive club approval to join that older team. The club reserves the right to combine teams and/or have players play up if needed to ensure all players will have a place to play based on roster limits and registration numbers. Players can automatically play in the next higher age group if they are moving up to be in the same grade-level as their classmates.

Family support is required for the success of our volunteer soccer Program! Be part of our community soccer program:

_____ Coach _____ Shirt Coordinator _____ Field Maintenance _____ Club Administration
 _____ Assistant Coach _____ Club Equipment Manager _____ Referee _____ Organize Field Trip(s)
 _____ Team Parent _____ Sponsors Coordinator _____ Referee Coordinator

VOLUNTEER NAME(S) _____ TELEPHONE _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs 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 fields and facilities utilized for the Programs, against any claim by or on 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. As the parent/guardian of the above named player, I hereby consent, if I am not present and cannot be reached with reasonable efforts, to emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry, under whatever conditions are necessary to preserve the life, limb or well being of the player.

Parent/Guardian Signature _____ DATE _____

In addition I would like my child's coach to be aware of the following condition that could affect my child's ability to play soccer:
