



Radcliff Youth Soccer Association, Inc. Recreational Soccer Registration Form

Season: **Fall / Spring** Year: **20** _____

www.radcliffyouthsoccer.org

PARENTS-Will You Help?		
Coach		Team Parent
Asst Coach		Field Marshal
Referee		Equipment
Committee		Board Member

***** PLAYER'S INFORMATION*****

LAST name:		FIRST name:		MI	
New Player? Yes / No		DOB: m/d/yyyy		Gender: M / F	
Player has Played For RYSA Before? YES / NO		Last Season Played: Spring / /Fall Year:20____		Last Team Name:	
Address:		City:		State:	
Zip:		(Optional) Work Phone:		Email:	
Father /Guardian's Name:		Home Phone		Cell:	
Mother's Name		Home Phone		Cell:	
Emergency Contact:		Phone:		Cell:	
List Any Medical Conditions or Concerns:					

I, the parent /guardian of the above named player, a minor, agree that I and this player will abide by the rules and regulations of the USYSA, KYSA, and RYSA organizations. In consideration of the player's participation in the soccer programs and activities of the RYSA parties. I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the RYSA parties, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, against said representatives from and against all claims, liabilities, damages, or causes of action arising out of or in conjunction with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the RYSA parties the right to use the players name, picture, and/or likeness in printed, broadcast and other material concerning the progress provided such use is related to the player's status as a participant in the programs. Additionally, the RYSA issued uniform must be turned in at the end of the soccer season. Failure to do so will result in you being billed for the full cost to replace the uniform.

Signature of Parent or Guardian: _____ **Date:** _____
Print Name: _____ **Relationship To Player:** _____

Player's Name: _____ DOB (mm/dd/yyyy): _____
 Emergency Contact Person: _____ Phone: _____

As the parent/legal guardian of the above named child, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent or Guardian: _____ **Date:** _____
Print Name: _____ **Relationship To Player:** _____

OFFICIAL USE ONLY	Birth Certificate Verified:		Date:	Received by (Board member):		
	Player's Fee:	\$	Cash or Check check number:	Age: U-		Team:
	Total Amt Paid:	\$		<i>Draw</i>	<i>Returning Player</i>	<i>Do Not Return to Team</i>