

Radcliff Revolution FC Contact Information



Player Name:

Male

Female

Date of Birth:

Phone:

E-mail

Have you played for Revolution FC Prior to this season?

Yes
No

If no what club have you played for?

Parents Name (Print)

Parent Signature

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 players participation in the Programs including, without limitation, players transportation to/from any program, which transportation is hereby authorized.

Initial: _____

I also understand that if selected for a team, I will not be released from the (Team / League) without applying for a transfer from the League and KYSA.

Initial: _____

Select Try Out Age Group

Jan1 2001 - Dec 31 2001	U16	Jan1 2005 - Dec 31 2005	U12
Jan1 2002 - Dec 31 2002	U15	Jan1 2006 - Dec 31 2006	U11
Jan1 2003 - Dec 31 2003	U14	Jan1 2007 - Dec 31 2007	U10
Jan1 2004 - Dec 31 2004	U13	Jan1 2008 - Dec 31 2008	U9