Radcliff FC

Member of Radcliff Youth Soccer Association

Registration Form

*** PLAYER'S INFORMATION ***

Last Name:		**First:**		**MI**	
DOB (mm/dd/yyyy):		**Gender:**	**M** **F**	**Players Last 4 SSN**	
Address:		**City:**		**State:**	
Zip:	**Home Phone:**		**EMAIL:**		
Father:		**Cell:**		**Optional #:**	
Mother:		**Cell:**		**Optional #:**	

Last Team Level Played				Age Group	Last Season played		Position Played(Check all that apply)		
High School	Recreation	Select	Other	U	Fall	Spring	Forward	Midfield	Defense
									Goalie

*** UNIFORM INFORMATION

	YS	YL	AS	AM	AL	AXL	A2XL	NUMBER	
JERSEY								1st CHOICE	
SHORTS								2nd Choice	
SOCKS								3rd CHOICE	

PARTICIPATION WAIVERS

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.

I further understand that that I and this player will abide by the rules of Good Sportsmanship as established by USYSA, KYSA, KSSL and RYSA. Violations of these rules will result in the removal of the player from the rosters of RYSA and no refund of monies paid to RYSA will be refunded.

I understand that if I chose to do the registration fees by installment's, all fees will be paid prior to the first regular season game. Any request to change from the final due date will be made to the Administrator of Select by email, and approved only by the Administrator.

Signature: _____ Date: _____

Printed Name _____ Relationship to Player: _____

PAYMENT INFORMATION

LEAGUE USE	CASH:	RECEIPT #	AGE GROUP: U	ACCEPTED BY:
	CHECK:	NUMBER		
	CREDIT CARD:	DATE:		