Where Kids Come First
www.radcliffyouthsoccer.org

Radcliff Youth Soccer Association, Inc.
Recreational Soccer Registration Form

Season: Fall / Spring Year: 20_____

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*	**LAST 4 Player's SSN**:	DOB (mm/dd/yyyy):	Gender:
Player has Played for RYSA Before? *YES / NO*	Last Season Played: *Spring / Fall* Year:*20____*	Last Team Name:	Number Seasons Played?
Address:		City:	State:
Zip:	Home Phone:	Email:	
Father /Guardian's Name:	Phone (if different from home):	Cell:	
Mother's Name	Phone (if different from home):	Cell:	
Emergency Contact:	Phone:	Cell:	
List Any Medical Conditions or Concerns:			

Special Request MUST be detailed. Exception for transportation reasons MUST include contact info of person your child will ride with. NO request for a specific coach will be considered.

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:_____

CONCESSION STAND AGREEMENT:
RYSA will do a fund raiser in order to cover the cost of Not requiring parents to work in the concession stand. Opting to pay local school and community groups to work the concession in support of RYSA and their clubs. RYSA will do all it can to fill concession times with these club groups, but I understand I may be asked to work in the concession stand when there is a shortfall. I understand I will not work during my child's game.

Signature of Parent or Guardian:_____

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

Where Kids Come First

RYSA Medical Release Form

Player's Name:		DOB *(mm/dd/yyyy):*	
Name of Parent/Guardian:	Phone:	Cell:	
Address:	City:	ST:	Zip:
Name of Person Responsible for Charges if different from above:	Phone:	Cell:	
Address:	City:	ST:	Zip:
Emergency Contact Person:	Phone:	Cell:	
Family Physician or Hospital:		Phone:	
Insurance Carrier:	Policy Number:		

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:_____

WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, KYSA and RYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, KYSA and RYSA accepting the registrant for its soccer programs and activities (the "Programs")' I hereby release, discharge and/or otherwise indemnify the USYSA, KYSA and RYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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.