



Gators Soccer - Fall 2010 Registration

P.O. Box 1853, Englewood, CO 80150 p:(303)761-9412 e:office@riversidesoccer.com

http://www.riversidesoccer.com



Registration Fees due August 30th, 2010. (see fee schedule on page 2)

Late fee of \$11.00 is applied to registrations received after August 30th. Please complete all of the information below. **PLEASE PRINT CLEARLY.**

PLAYER INFORMATION

Player's Name: _____ Soccer Nickname: _____

Gender: Male Female Birth Date: ___/___/___ Age: _____ Languages: English Spanish Other: _____

School: _____ Grade: _____

Club Last Season: _____ (if any)

Player's primary method of contact: Household Phone Household email Parent #1 Parent #2

Shirt Size: YS, YM, YL, S, M, L, XL, XXL

Player's favorite... Pro Team: _____ Pro Player: _____ Song: _____ Jersey #: _____

How did you first hear about Riverside Soccer Club? by a Player by a Parent by a Coach Website Other: _____

HOUSEHOLD INFORMATION

Primary Address: _____ City: _____ Zip: _____

Household Phone: (____) _____ Household Email: _____

No. of family members at household (including player): _____

Parent #1	Parent #2
Parent:#1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Parent #2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
Preferred Phone: (____) _____	Preferred Phone: (____) _____
Phone Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile/Cell	Phone Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile/Cell
Contact me by: <input type="checkbox"/> Email <input type="checkbox"/> Preferred Phone <input type="checkbox"/> Household Phone	Contact me by: <input type="checkbox"/> Email <input type="checkbox"/> Preferred Phone <input type="checkbox"/> Household Phone

Please indicate status of player's legal parents: Married Single Divorced Separated Widowed Other

SPECIAL INFORMATION

Emergency Contact: _____ Emergency Phone Number: _____

Special Request: _____

Special requests are not guaranteed and will not be accepted after August 30th

Medical Concerns: _____

PERMISSION TO PLAY, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL TREATMENT

THIS IS TO CERTIFY THAT MY CHILD HAS PERMISSION TO PARTICIPATE IN RIVERSIDE SOCCER CLUB.

It is understood that participation in this sport activity could result in injury to my child. The undersigned expressly assumes any such risks and waives and releases the Riverside Soccer Club, its directors, officers, coaches, referees, and any other volunteer or employee from any and all claims or causes of action or liability he/she or the child may have as result of negligence, breach of warrant, or otherwise. I give my consent for all emergency medical care prescribed by a licensed physician or dentist for the player identified in this registration. Care may be given under whatever condition necessary to preserve life, limb, or well being of my dependent.

Signature of Parent of Guardian

Date

Age Groups Fall 2010 - Spring 2011

U5 8/1/05 - 7/31/06	U11 8/1/99 - 7/31/00	U16 8/1/94 - 7/31/95
U6 8/1/04 - 7/31/05	U12 8/1/98 - 7/31/99	U17 8/1/93 - 7/31/94
U7 8/1/03 - 7/31/04	U13 8/1/97 - 7/31/98	U18 8/1/92 - 7/31/93
U8 8/1/02 - 7/31/03	U14 8/1/96 - 7/31/97	
U9 8/1/01 - 7/31/02	U15 8/1/95 - 7/31/96	

Office Use Only

MEMID: _____	Status: N / C
RegKeyd: _____	BC: _____
CYS Setup: _____	PIC: _____
CYSID: _____	Payment Received: _____
CYS CARD: _____	CYSTEAMID: _____
COACH: _____	AGEGRP: _____
NM Packet: _____	NEED: _____
PCA: _____	CB: _____



Gator Soccer Fall Registration

(Continued)



Payment Information

Fee Information: We offer the option to pay with check, money order, or cash. There will be an additional fee for registrations received or postmarked after August 30th, 2010.

2010 Fee Schedule

Category	Spring Fee
Returning Member	\$49.00
New Member	\$59.00

A late fee of \$11.00 is applied to registrations received after August 30th.

Refund Policy: Refunds will only be issued if the player moves out of the area prior to the 1st scheduled Super Saturday game of the season or is unable to play due to illness or injury documented by a physician. A \$25.00 administration fee will be deducted from the refund. Full refunds will be provided if RSC is unable to place your child in the Gator Program. If a child can be placed in the Gator Program and chooses not to play, no refund will be issued. After the first Super Saturday game, no refunds will be issued.

Registration Checklist

Items must be received by Riverside Soccer Club by August 30th, 2010.

Here is a quick checklist to ensure your registration is completed properly. The following items must be completed and provided to Riverside Soccer Club by the registration deadline.

Items required for registration:

- Completed Registration Form
- Completed Parent Pledge for Positive Coaching Alliance (PCA)
- Completed Medical Release Form
- Correct payment based on Fee Schedule (check, money order, or cash)

Return registration items to Riverside SC by **August 30th.**

**Riverside Soccer Club
Gators Fall Program**
P.O. Box 1853
Englewood, CO 80150



Positive Coaching Alliance (PCA) Parent Pledge

Please read, initial each item, sign and return to the club.

1. I pledge to get my child to practice and games on time. I understand that it can be embarrassing for my child to be late and that I may be putting him/her at risk by not providing adequate time for warm up. I will be on time to pick up my child from all games and practices. This shows respect for the coach, and it tells my child that he or she is my top priority. _____
2. I pledge to use positive encouragement to fill my child's Emotional Tank because athletes do their best when their "Emotional Tank" is full. I understand that fewer than 1% of youth sports participants receive college scholarships and that the top three reasons kids play sports are a) to have fun, b) to make new friends, and c) to learn new skills. I understand that the game is for the players, and I will keep sports in the proper perspective. _____
3. I pledge to reinforce the ELM Tree of Mastery with my child (E for Effort, L for Learning and M for bouncing back from Mistakes). Winners are people who make maximum effort, continue to learn and improve, and do not let mistakes, or fear of making mistakes, stop them. I understand that mistakes are an inevitable part of any game and that people learn from their mistakes. I understand that children are born with different abilities and that the true measure is not how my child compares to others but how he/she is doing in comparison to his/her best self. _____
4. I pledge to "Honor the Game." I understand the importance of setting a good example for my child. No matter what others may do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans, and officials. I understand that officials make mistakes. If the official makes a "bad" call against my team, I will Honor the Game and be silent! _____
5. I pledge to refrain from yelling out instructions to my child. I understand that this is the coach's job. I understand that games are chaotic times for children trying to deal with fast-paced action and respond to opponents, teammates and coaches. I will limit my comments during the game to encouraging my child and other players for both teams. _____
6. I pledge to refrain from making negative comments about my child's coach in my child's presence. I understand that this plants a negative seed in my child's head that can negatively influence my child's motivation and overall experience. _____

I will honor the PCA Parent Pledge in my words and actions.

Parent's Signature Print Child's Name



MEDICAL RELEASE FORM

As the parent/legal guardian of _____, 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.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____
Address _____
City/State/Zip _____
Phone H(____) _____ W(____) _____ FAX (____) _____

Person responsible for charges (if different from above) _____
Address _____
City/State/Zip _____
Phone H(____) _____ W(____) _____ FAX (____) _____

Person to notify if parent/guardian is unavailable _____
Phone H(____) _____ W(____) _____ FAX (____) _____
Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

Date: _____