



# Developmental Soccer - Spring 2010 Registration

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

http://www.riversidesoccer.com

## Registration Fees due March 1<sup>st</sup>, 2010. (see fee schedule on page 2)

Late fee of \$25.00 is applied to registrations received after March 1<sup>st</sup>, 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: \_\_\_\_\_ RSC Coach Last Season: \_\_\_\_\_  
 Club Last Season: \_\_\_\_\_ Player's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Player's Email: \_\_\_\_\_  
 Player's preferred method of contact:  Player's cell phone  Player's email  Household phone  Household email  Parent #1  Parent #2  
 Shirt Size: YS, YM, YL, S, M, L, XL, XXL Short Size: YS, YM, YL, S, M, L, XL, XXL Current RSC Jersey Number: \_\_\_\_\_  
 Current Soccer Shoe Size: 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5, 11, 11.5, 12, 12.5, 13.  
 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 March 1st\*

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 \_\_\_\_\_

Riverside Soccer Club is an organization built on the **spirit of volunteerism**. Our success rests heavily on parent volunteers. Please indicate below which volunteer positions you can serve. If you choose to volunteer we require a minimum of 6 hours of volunteer service during the 2010 season. If you acknowledge your commitment to volunteer, please reduce your registration payment by \$10.00 for a volunteer discount (one per registration). We will be in contact with you regarding your volunteer responsibilities.

Coach  Asst Coach  Team Manager  Team Treasurer  Referee  Asst Referee  Fields  Board Member  Programs & Events  As Needed

Age Groups Fall 2009 - Spring 2010		
U5 8/1/04 - 7/31/05	U10 8/1/99 - 7/31/00	U15 8/1/94 - 7/31/95
U6 8/1/03 - 7/31/04	U11 8/1/98 - 7/31/99	U16 8/1/93 - 7/31/94
U7 8/1/02 - 7/31/03	U12 8/1/97 - 7/31/98	U17 8/1/92 - 7/31/93
U8 8/1/01 - 7/31/02	U13 8/1/96 - 7/31/97	U18 8/1/91 - 7/31/92
U9 8/1/00 - 7/31/01	U14 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: _____



# Developmental Soccer Spring 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 March 1<sup>st</sup>, 2010.

### *2010 Fee Schedule*

Category	Spring Fee
Recreational	\$100.00
Cross Squad	\$100.00
Option 1	\$135.00

**A late fee of \$25.00 is applied to registrations received after March 1st.**

**Refund Policy:** Refunds will only be issued if the player moves out of the area prior to the 4<sup>th</sup> scheduled 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 on a team. If a child can be placed on a team and chooses not to play, no refund will be issued. After the first scheduled game, no refunds will be issued.

**Volunteer Discount:** If you selected to volunteer on the registration form, please reduce your payment by \$10.00. The club will be in contact with you regarding your volunteer commitments for the upcoming season.

## Player Pictures

Please use the below square as a template for the size of the player picture. Player pictures are required for club registrations and Colorado State Youth Soccer Association player passes.

Please provide a color headshot picture of your player to the dimensions of 1.5"x1". A sample is provided below.

### *PLAYER IMAGE PHOTO*



## Registration Checklist

**Items must be received by Riverside Soccer Club by March 1<sup>st</sup>, 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
- Copy of Birth Certificate (only if you are new to Riverside this season)
- Player Picture
- Correct payment based on Fee Schedule (check, money order, or cash)

Return registration  
items to Riverside SC  
by **March 1st.**

**Riverside Soccer Club**  
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: \_\_\_\_\_