



Skills Factory Camp – July 26th – 30th, 9:30am -12:30pm

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

http://www.riversidesoccer.com

Registration Fee due July 22nd, 2010. Send registrations to the address above.

Please complete all of the information below. **PLEASE PRINT CLEARLY.**

PLAYER INFORMATION

Player's Name: _____ Soccer Nickname: _____
 Gender: Male Female Birth Date: ___/___/___ Age: _____
 School: _____ Grade: _____
 Club Last Season: _____ Player's Cell Phone:(____) _____ Player's Email: _____
 Player's primary method of contact: Player's cell phone Player's email Household Phone Household email Parent #1 Parent #2

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 July 22nd

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

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 July 22nd, 2010. Please make all checks payable to Riverside Soccer Club.

2010 Fee Schedule

Category	Spring Fee
Skills Factory Camp	\$150.00

A late fee of \$25.00 is applied to registrations received after July 22nd.

Refund Policy: No refunds.





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: _____