



# 2009/2010 Competitive Annual Registration

P.O. Box 1853, Englewood, CO 80150

(303)761-9412

<http://www.riversidesoccer.com>

**Annual Registration Fee \$500.00**

**2 Payments due June 1<sup>st</sup> 2009 - \$250 Late Fee \$275 December 1<sup>st</sup> 2009 - \$250 Late Fee \$275**

Please complete all of the information below and include a small picture for the player pass. If you are a new player, you will need to send in a copy of your birth certificate as well.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Team: \_\_\_\_\_

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Mother's Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special/Team/Coach Request: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Special requests are not guaranteed and will not be accepted after 1<sup>st</sup> June\***

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 claims against 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. 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 positions that you are willing to volunteer for. If you choose not to volunteer, please add \$10.00 for a non-volunteer fee to your registration.

Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_ Referee: \_\_\_\_\_ Asst Referee: \_\_\_\_\_ Field Maintenance: \_\_\_\_\_

Board Member: \_\_\_\_\_

Age Groups Fall 2009-Spring 2010		
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	
U10 8/1/99 – 7/31/00	U15 8/1/94 – 7/31/95	

**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 June 1st, 2009. By signing this Registration form, you are committing to a year and two payments of \$250 (plus late fee if applicable).

**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 can not 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.

**RSC requires that you sign and date the back of the registration form as acknowledgement of the PCA policies that we follow.**