



Spring Recreational Soccer REGISTRATION

Has Child played at Redoubt Before? Y N

Player's Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: Male Female Birthdate (MM/DD/YY): ____/____/____ Player Age on July 31, 2009: _____

Years of soccer experience: _____

Siblings: _____

Parent/Guardian Information:

Primary Contact

Secondary Contact

Last Name _____

Last Name _____

First Name _____

First Name _____

Home # _____

Home # _____

Cell # _____

Cell # _____

Work # _____

Work # _____

Email: _____

Email: _____

REGISTRATION FORMS SUBMITTED WITHOUT PAYMENT IN FULL WILL NOT BE PROCESSED. ANY REGISTRATION FORMS RECEIVED AFTER FEBRUARY 7, 2010 WILL NOT BE GUARANTEED A PLACE ON A TEAM.

FEES: E.L.F.S.: \$65.00 U8 - U14: \$85.00

CHECKS AND CASH ONLY AT THE COMPLEX • VISA & MASTERCARD ACCEPTED via our website: www.redoubtsoccer.com

Our organization is successful due to our parent volunteers. We need your help to continue this success.

I WANT TO VOLUNTEER BY BEING A: Coach Assistant Coach Fundraising Volunteer

Tournament Volunteer (*Golf or Soccer*) Special Event Volunteer (*ex. Redoubt Day*) Office Hour Volunteer (*T, TH, F, Sat. 1-2 hr shifts*)

Would any member of your family be interested in becoming a USSF Certified Referee? Yes No

These are paid positions; great for teenagers! • Starting age is 12 years old.

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

Signature: _____ Relationship: _____ Date: _____

Medical Conditions/Allergies: _____

Emergency Contact and phone numbers: _____

Consent for Medical Treatment and Authorization for Disclosure of Emergency Information

I hereby acknowledge by signing below that it is my sole responsibility to notify USYSA and/or Redoubt coaches, volunteers, or others associated personnel, working with or coaching my child, of any serious health problems or other matters of physical well being that may, in any way, hinder or affect my child's ability to participate in USYSA or Redoubt Soccer programs.

Further, I hereby authorize the release of the aforesaid personal medical information related to my child by the agents, employees, or volunteers of Redoubt Soccer, or any other associated personnel, in the event that such information is necessary for the emergency medical care of my child. I understand and acknowledge that no such personal medical information regarding my child shall be recorded or maintained by or through USYSA or Redoubt Soccer, and that the disclosure and/or reporting of such information is my sole duty and responsibility.

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature: _____ Relationship: _____ Date: _____

FOR OFFICIAL USE ONLY:

CASH CHECK CHECK #: _____ DATE: _____

AGE GROUP: ELF (3 yrs old) _____ ELF (U-6) _____ U-8 _____ U-10 _____ U-12 _____ U-14 _____

"U" means "Under"