



PLAYER REGISTRATION FORM

Revelstoke Youth Soccer – Spring 2010



This form, the registration fee, and the volunteer cheque must be received by RYSA no later than Saturday, March 27th, 2010.

First Name: _____ **Last Name:** _____ **Gender:** M F

Date of Birth: D _____ M _____ YR _____ **Medical #:** _____

Medical Conditions: _____

Name of Primary Contact: _____ **Relationship to Player:** _____

Mailing Address: _____ **Postal Code:** _____

Phone 1: _____ **Phone 2:** _____ **Email:** _____

In case the primary contact cannot be reached, please provide a second contact person for the registered player:

Name of Secondary Contact: _____ **Relationship to Player:** _____

Phone 1: _____ **Phone 2:** _____

TO WHOM IT MAY CONCERN:

I hereby, for myself, my heirs, executor, administrators and sponsors, waive and release any and all rights and claims that have or may arise, against REVELSTOKE YOUTH SOCCER ASSOCIATION, its affiliates, associates, sponsors, agents or representatives, for any and all injuries or losses suffered by me or my children while competing in or in connection with the program of the said Association. I will also assume responsibility if the coach secures medical assistance where speed is urgent or when parents/guardians cannot be contacted.

Signed by: _____ **Date:** _____ **Witness:** _____

Youth Registration Fees: Circle child's year of birth

(\$ 65.00) → 2005 2004 2003 2002 2001 2000

(\$ 75.00) → 1999 1998 1997 1996 1995

Registration Fee: (see above) \$ _____

Pre-Season Clinic: (\$ 5.00) \$ _____

'Memory Mate' Photo: (\$10.00) \$ _____

TOTAL: \$ _____

PARENT PARTICIPATION:

\$ 25 Volunteer Deposit received:

Cheque #: _____

Cash: _____

Registration Payment Received:

Cheque: \$ _____ # _____ Cash: \$ _____

Name on Cheque: _____

Cheque also covers the following registered players:

Child Tax Receipt Given: _____

Entered: _____