

# Ripley County Youth Soccer Club

## 2019 Fall Registration



*\*One form per child\**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

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

Parent's/Guardian's Names: \_\_\_\_\_

1<sup>st</sup> Contact Name & Phone #: \_\_\_\_\_

2<sup>nd</sup> Contact Name & Phone #: \_\_\_\_\_

Child's gender: M F (please circle) School Attending: \_\_\_\_\_

**DIVISION YOUR CHILD WILL BE IN THIS YEAR.... (PLEASE CIRCLE) 4-5 6-7 8-9 10UP**

(Players must be age 4-13 as of 7/31/2019 to participate.)

### Fall Registration Deadline May 31<sup>st</sup>

Late Fee after 5/31/19 is \$15.....**NO REGISTRATION AFTER JUNE 10TH**

Please return to your school by the end of School or mail by May 31.

Registration Fee - \$40 per player Max \$80/Family

Please list siblings that would be included with enclosed fees:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Fall Season begins in August (you will be contacted by your coach in July)....**Absolutely NO Refunds!**

Please return form and payment (**payable to RCYSC**) to the schools or mail to **RCYSC, P.O. Box 223, Versailles, IN 47042. For more information, please contact RCYSC-Brittany Bradley @ 812-621-0446**

***\*\*Please follow our RCSC Facebook page for more updates!***

### Uniforms (jersey, shorts & socks)

#### Jersey size

YSX	YS	YM	YL	
AS	AM	AL	AXL	AXXL

### **THIS ENTIRE SECTION MUST BE FULLY COMPLETED BY PARENT OR GUARDIAN**

#### **Emergency Medical Treatment Consent**

We the parents of \_\_\_\_\_ give permission for emergency medical treatment for our child for illness or accident if we cannot first be contacted.

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

Person to notify other than parent in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or any medical conditions? No Yes

If yes, explain \_\_\_\_\_

Parent Volunteers  
Head Coach \_\_\_\_\_  
Assistant Coach \_\_\_\_\_  
Relationship to Player \_\_\_\_\_  
Contact # \_\_\_\_\_  
\*\*\*\*\*  
Would you or your business like to sponsor your child's team?  
Business Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Number \_\_\_\_\_

We hereby agree that the Ripley County Youth Soccer Club or the Town of Versailles, its officers, members, or volunteers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of RCYSC, its officers, members, volunteers, or designates of any claim whatsoever. **THIS ALSO GIVES PERMISSION TO THE RCYSC TO TAKE PICTURES OF MY CHILD AND PUBLISH ONLY FOR THE PURPOSE OF EDUCATION AND PROMOTION OF OUR CLUB.**

Parent/Guardian

Signature \_\_\_\_\_ Date: \_\_\_\_\_