



# Ripley County Soccer Club



## 2009 Fall Registration

(One Form Per Child)

Additional forms available at [www.ripleycountysoccerclub.org](http://www.ripleycountysoccerclub.org)

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Sex M/F</b>
<b>Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Primary Phone</b>			
<b>Mother's Name</b>	<b>Father's Name</b>	<b>OR</b>	<b>Legal Guardian's Name</b>
<b>School Attending</b>	<b>Date of Birth</b>	<b>Secondary Phone</b>	

### Fall Registration Dates

Return to School: **May 4th - May 15th**  
 In-person registration: **May 16th** from 9am-11am  
 Ohio Rod Shelter House or JCD  
 Elem. School Concession Stand

(Preschoolers must be age 4 as of 7/31/2009 to participate.)

**Fall Registration Fee—\$35.00 per player**  
**Maximum \$70 per Family**

**Fall Season begins August 15th**

**Absolutely NO refunds!**

Please return form and payment (payable to RCSC) to SRES, JCDES or other school as appropriate. Registration form may also be mailed to RCSC, P.O. Box 114, Versailles, IN 47042.

For more information, please contact Amber Johnson at 654-1448 or visit our website at [www.ripleycountysoccerclub.org](http://www.ripleycountysoccerclub.org).

**Uniforms** *includes jersey, shorts & socks*

**Shirt Size (circle one)**

**Youth**  
 YS (size 6/8)    YM (size 8/10)    YL (size 12/14)

**Adult**  
 Small    Med    Large    XLarge

**Short Size (circle one)**

**Youth (based on inches in waist size/6 inch inseam)**  
 YS (22-24")    YM (26-28")    YL (28-30")

**Adult (waist)**  
 S (30-32")    M (34-36")    L (38-40")    XL (42-44")



### **THIS ENTIRE SECTION MUST BE FULLY COMPLETED**

#### 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 (Parent Guardian) \_\_\_\_\_ 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: \_\_\_\_\_

We hereby agree that the Ripley County Soccer Club and SAY, 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 R.C.S.C., its officers, members, volunteers, or designates of any claim whatsoever.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Volunteers**

\_\_\_\_\_ *Head Coach*

\_\_\_\_\_ *Assistant Coach*

\_\_\_\_\_ *Referee*

\_\_\_\_\_ *Concessions*

\_\_\_\_\_ *Other (field striping, fundraisers, etc)*

*Do Not Write Inside—Soccer Club Use Only*

Age (As of July 31) \_\_\_\_\_

Fee Paid:    Yes    No

Cash \_\_\_\_\_    Check # \_\_\_\_\_

Received By \_\_\_\_\_