



Ripley County Soccer Club



2010 Fall Registration

(One Form Per Child)

Additional forms available at www.ripleycountysoccerclub.org

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

Fall Registration Dates

Return to School: **May 3rd - May 14th**
 In-person registration: **May 15th** from 9am-11am
 Ohio Rod Shelter House or JCD
 Elem. School Concession Stand

(Preschoolers must be age 4 as of 7/31/2010 to participate.)

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

Fall Season begins August 14th

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.

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 _____