



# RC YOUTH LEAGUE REGISTRATION FORM

## SPRING 2009 SOCCER

SPRING 2009 FEE SCHEDULE			<b>IMPORTANT DATES:</b> ♦ Registration: 1/3/09 thru 2/2/09 ♦ Late Registration: 2/3/09 thru 2/20/09 ♦ First Practice <b>Tuesday, 3/2/09</b> <b>REFUND POLICY:</b> ♦ Refunds issued less a \$20 administration fee along with Refund Request Form available online. ♦ Late fees are non-refundable. <b>No refunds issued after season begins on March 3, 2009</b>
Age Group	Date of Birth	Fee	
4 - 6	8/1/02 – 7/31/04	\$50	
7 - 9	8/1/00 – 7/31/01	\$50	
10 - 12	8/1/96 – 7/31/98	\$50	
<b>IMPORTANT INFORMATION:</b> ♦ Includes Trophy & T-shirt ♦ Late registrations – add \$10 to Registration Fee. ♦ New Players require Proof of Birth (see bottom of page)			

**New Player**     
  **Returning Player Same Team**     
  **Returning Player New Team**

Players Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	<input type="checkbox"/> <i>Proof of Birth Included (New Players Only)</i>	
Address: _____	City: _____	Zip: _____
Home Phone: _____	Cell/Emergency Contact: _____	
School _____	Home School Co-op: _____	
T-Shirt Size: YS YM YL AS AM AL AXL	Last Team Name (if returning): _____	

### Parent Information

Parent 1		Parent 2	
Name: _____	_____	Name: _____	_____
Phone 1: _____	_____	Phone 1: _____	_____
Phone 2: _____	_____	Phone 2: _____	_____
Email: _____	_____	Email: _____	_____
Volunteer: <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Other	_____	Volunteer: <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Other	_____

### PLAYER PERMISSION TO PARTICIPATE / CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, certify that my child is in normal health and capable of full participation in RC youth sports programs. I agree that my child and I will abide by the rules of Renaissance Christian Youth League, its affiliated organizations and sponsors and support RC Youth League philosophy, which is based on participation, fun, physical fitness, skill development, teamwork and family involvement. Recognizing the possibility of physical injury associated with soccer and in consideration for Renaissance Christian Youth League accepting the registrant for its soccer programs and activities ("the programs"), I hereby release, discharge and/or otherwise indemnify Renaissance Christian Youth League, its affiliated organizations and sponsors and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on 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. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by licensed Doctor of Medicine, Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also give permission for pictures taken of my child be used for publicity purposes.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print Parent Name) (Parent/Legal Guardian's Signature)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print Parent Name) (Parent/Legal Guardian's Signature)

<b>How did you hear about us?</b> _____ _____	<b>PAYMENT INFORMATION</b>		
	Check # _____	Exp. Date _____	DOB _____
	DL# _____	Exp. Date _____	DOB _____
	Visa/MC # _____ Billing Address _____ Code # _____	Exp. Date _____	

**If paying by check please write your driver's license number, date of birth and date of expiration on the top of your check. Thank you.**

### FOR OFFICE USE ONLY

Date rec'd \_\_\_/\_\_\_/\_\_\_    Amt pd \$ \_\_\_\_\_    Pymt Type: Cash \_\_\_ Credit \_\_\_ Check \_\_\_  
 Late Fee \_\_\_    Release rec'd \_\_\_    Birth Certificate \_\_\_



**RC YOUTH LEAGUE REGISTRATION FORM**  
**SPRING 2009 SOCCER**

**Medical Release Form**

As the parent/legal guardian of:

Name of Player: \_\_\_\_\_

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players birth: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

\_\_\_\_\_ | ( ) - \_\_\_\_\_  
Medical and/or Hospital Insurance Co Phone #:

\_\_\_\_\_ | \_\_\_\_\_  
Policy Holder Policy Number

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

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, Yr \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_