



Fall 2010 RECREATIONAL MEMBERSHIP FORM

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Fall 2010 FEE SCHEDULE			IMPORTANT INFORMATION: <ul style="list-style-type: none"> ◆ Under 16's and 19's typically play in/with other leagues. ◆ Under 5 & 6 play an 8 game season ◆ Returning Player Late registrations – add \$25 late Fee. ◆ New Players require Proof of Birth (see bottom of page) REFUND POLICY: <ul style="list-style-type: none"> ◆ Refunds issued less a \$20 administration fee along with Refund Request Form available online. ◆ Late fees are non-refundable. <li style="background-color: yellow;">◆ No refunds issued after season begins.
Age Group	Date of Birth	Player Fee	
Under 5	8/1/05 – 7/31/06	\$55	
Under 6	8/1/04 – 7/31/05	\$55	
Under 7	8/1/03 – 7/31/04	\$60	
Under 8	8/1/02 – 7/31/03	\$60	
Under 9	8/1/01 – 7/31/02	\$65	
Under 10	8/1/00 – 7/31/01	\$65	
Under 12	8/1/98 – 7/31/00	\$70	
Under 14	8/1/96 – 7/31/98	\$70	
Under 16	8/1/94 – 7/31/96	\$70	
Under 19	8/1/91 – 7/31/94	\$75	

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> ¹
Address:	City: _____ Zip: _____
Home Phone:	
Neighborhood School:	Private School (if attending): _____
Age Group:	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"/> Manager <input type="checkbox"/> Other	Volunteer:	<input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Manager <input type="checkbox"/> Other

PLAYER PERMISSION TO PARTICIPATE / CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Rowlett Youth Soccer Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Rowlett Youth Soccer Association accepting the registrant for its soccer programs and activities ("the programs"), I hereby release, discharge and/or otherwise indemnify Rowlett Youth Soccer Association, its affiliated organizations and sponsors, their employees 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.

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

FOR OFFICE USE ONLY:			PAYMENT INFORMATION	
Date Received:		<input type="checkbox"/> Late fee?	Check #*	
Amount:		<input type="checkbox"/> Release received? ²		
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO			
League:	Date:	By:		

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.

¹ New Player Registrations require a photocopy of a government issued birth certificate or passport. RYSA will hold registrations submitted without a birth certificate or passport until RYSA receives proper documentation.