



Registration Fees: \$55.00/1 player; \$95.00/2 players; \$115.00/3 or more players from the same family.

_____	_____	_____	_____
E-Mail Address	Player Last Name	Player First Name	Initial
_____	_____	_____	_____
Father's Name	Address (if different than below)	Work Phone	
_____	_____	_____	_____
Mother's Name	Address (if different than below)	Work Phone	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
Telephone Number	Birth date	Male / Female (please circle one)	Age

**SCHOOL AND PREVIOUS SOCCER EXPERIENCE
PLEASE COMPLETE**

UNIFORM SIZE		_____	
Youth	Adult	School currently attending	Grade in Fall 2008
Shirt	M L S M L XL	# of Years Played _____	Last Club _____
Shorts	M L S M L XL	Last RRSC team or coach _____	

List and medical problem Or prohibition player has _____

_____	_____
Doctor to notify in an emergency	Telephone number
_____	_____
Insurance Company and Identification Number	Hospital Preference
_____	_____
Emergency Contact	Telephone Number

CONSENT FOR MEDICAL TREATMENT (MINOR) AND AUTHORIZATION

As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentist. The care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I, the parent/legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 of the above-named child to play soccer for the Reynolds Youth Soccer Club (RYSC) during the 2008 season.

I also agree to accept full responsibility for the uniform issued to my child. I will reimburse or my credit card on file with RYSC will be charged the sum of \$25.00 if the uniform is not returned to the Coach or Equipment Manager at the end of the season.

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

For additional information go to our website at www.reynoldsyouthsoccerclub.com

Mail completed form and payment to:

**RYSC
PO Box 401
Troutdale, OR 97060**