



SPRING 2010 REGISTRATION

ONLINE REGISTRATION NOW AVAILABLE

VISIT www.rcysl.com FOR ONLINE REGISTRATION



Player Information

Last Name	First Name	Sex (M/F)	Date of Birth	School Attending Spring 2010	Registration Fee
1					
2					
3					
4					

***** No special requests for teams or coaches will be accepted or honored. *****

Player's Mailing Address:

Street Address	City, State	Zip	Primary Phone #
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Parent Information

Mother:	Last Name	First Name	Address (if different from player's)	Home Phone #	Work Phone #	Cell Phone #
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Father:	Last Name	First Name	Address (if different from player's)	Home Phone #	Work Phone #	Cell Phone #
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Email Address: Mother _____ Father _____

I am willing to _____ Coach _____ Asst Coach _____ Volunteer _____
 Name of Volunteer / Name of player(s) you're volunteering for

1st Time Players Please Submit Copy of Birth Certificate

Guaranteed Placement Deadline is 02/19/2010

Registration Fees:

	<u>Early Bird Fees</u>	<u>After Feb. 19th</u>
U06 ----- 8/1/2003 to 7/31/2005 -----	\$35	\$50
U08 ----- 8/1/2001 to 7/31/2003 -----	\$55	\$70
U10 ----- 8/1/1999 to 7/31/2001 -----	\$60	\$75
U12 ----- 8/1/1997 to 7/31/1999 -----	\$65	\$80
U14 ----- 8/1/1995 to 7/31/1997 -----	\$70	\$85
U16 ----- 8/1/1993 to 7/31/1995 -----	\$80	\$95
U19 ----- 8/1/1990 to 7/31/1993 -----	\$80	\$95

Mail registration and payment to:

**Rapid City Youth Soccer League
PO Box 9044
Rapid City, SD 57709**

Interested in Challenge Soccer?

Circle Players Name

\$20 Challenge Fee--Collected @ Tryouts!!

(Add'l Fee Exempt from Family Max)

rcysl.com for more challenge info.

**~ Family Maximum \$200 ~
No Refunds after Feb. 19, 2010**

I, the parent/legal guardian of the named registrant(s), a minor(s), agree that 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 of the USYSA acting as the registrant(s) 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 owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant(s) as a result of the registrant(s) participation in the programs and/or being transported to or from the same.

In addition, as a parent or legal guardian of the named registrant(s), I hereby give my consent for emergency medical care prescribed by a licensed Health Care provider. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependant.

I hereby grant consent to the Rapid City Youth Soccer League for use of photographs, slides, or television filming involving my child(ren). These may appear in various publications or presentations (e.g., power point presentations, brochures, web site photos, newsletters). Consent shall continue during the time my child(ren) participates in the Rapid City Youth Soccer League unless a new form is completed or I contact the association in writing.

I hereby agree to the CODE OF CONDUCT and with the above statements. I certify that everything on this application is correct, to the best of my knowledge.

Parent / Guardian Signature

Date

For Office use only:

\$ Paid _____

Check # _____

Date Received _____