



# INDOOR TOURNAMENT 2010 REGISTRATION



VISIT [www.rcysl.com](http://www.rcysl.com) FOR RULES AND GUIDELINES

### Player Information

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

### 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 \_\_\_\_\_

**1st Time Players Please Submit  
Copy of Birth Certificate**

**No Roster Changes after 01/31/10**

### Registration Fee:

**\$10.00** for players who did not play  
Fall 2009 or Indoor Rec Seasons

- U10 ----- 8/1/1999 to 7/31/2001
- U12 ----- 8/1/1997 to 7/31/1999
- U14 ----- 8/1/1995 to 7/31/1997
- U16 ----- 8/1/1993 to 7/31/1995
- U19 ----- 8/1/1990 to 7/31/1993

Mail registrations and payment to:

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

**White RCYSL t-shirts may be purchased for use  
as uniforms/jerseys for \$5.00 each.**

Visit [www.rcysl.com](http://www.rcysl.com) for more information

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 with the above statements and with the code of conduct. 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 \_\_\_\_\_