



Rip Van Winkle **FALL** Travel Soccer Club  
 Registration Form  
 Po Box 186  
 Cairo, NY 12413  
 622-2508 or gibson5@mhccable.com

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ School District: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have Medical Insurance? Yes or No

**Consent for Medical Treatment in Absence of Parent or Guardian:**

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

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

**Consent to Participate in Soccer**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organization 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 in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

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

**REGISTRATION FOR THE FOLLOWING Divisions:**

FALL Prices

U10 \$90.00

Uniform Kit \$45.00

U12 \$90.00

**OFFICE USE ONLY**

Check # \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Cash \_\_\_\_\_

Registration \_\_\_\_\_

Uniform \_\_\_\_\_