

Rip Van Winkle **Spring** Travel Soccer Club Registration Form PO Box 186 Cairo, NY 12413 518-622-2508 or NCYApresident@gmail.com

Player's Last Name:			First Name:		
Address:		City: _	Zip_		
Home Phone:		Cell #:			
E-mail:			School District:		
		Birthdate:			
Father's	s Name:		Phone:		
Medical	Conditions or Alle	ergies:	•••••	•••••	
Emergency Contact:				_ _	
		rance? Yes or No			
medical ca	As the parent or leg	reatment in Absence al guardian of the above-name y licensed doctor of Medicine ary to preserve the life, limb, o	ed player, I hereby gibe my co or Doctor of Dentistry. This c	nsent for emergency are maybe given under	
Signatu	re of Parent/G	uardian:		Date:	
the USYSA soccer and "Programs sponsors, t Programs,	, its affiliated organiz in consideration for t "). I hereby release, on their employees and a against any claim by o	an of the registrant, a minor, a ation and sponsors. Recognizi he USYSA, accepting the registlischarge and or otherwise ind ssociated personnel, including or on behalf of the registrant a ted to or from the same, whice	ng the possibility of physical is crant for its soccer programs as emnify the USYSA, it affiliated the owners of the fields and is a result of the registrant's p	njury associated with and activities (the d organizations and facilities utilized for the articipation in the	
Signature of Parent/Guardian:			******	Date:	
REGISTR Spring P		OLLOWING Divisions:			
	U12 and Under	\$75.00	Uniform K	(it \$45.00	
	U13 to U18 \$10	5.00	Fundraise	r \$40.00	
•••••		OFFICE USE ONLY	•••••	• • • • • • • • • • • • • • • • • • • •	
Check #			Total Amount Paid:		
Cash		Registration	Uniform	_FR	