

Ridgway Area Soccer Association- FALL 2021 REGISTRATION

****PLEASE- ONLY ONE PLAYER PER REGISTRATION FORM****

LAST NAME _____ FIRST NAME _____ M/F _____

ADDRESS _____

DATE OF BIRTH _____ HAVE YOU PLAYED BEFORE Y/N HOW MANY SEASONS _____

MOTHERS NAME _____ FATHERS NAME _____

ADDRESS _____ ADDRESS _____

MOTHERS PHONE _____ FATHERS PHONE _____

MOTHERS CELL _____ FATHERS CELL _____

MOTHERS EMAIL _____ FATHERS EMAIL _____

UNIFORMS

(CIRCLE THE SIZE YOU NEED)	QUANTITY ORDERED	TOTAL
6-U T-SHIRT ONE SIZE ONLY	\$10.00 X _____ = \$ _____	
8-U TO 19U Y S YM YL AS AM AL AXL	\$30.00 X _____ = \$ _____	

REGISTRATION FEES

ARE YOU REGISTERING MORE THAN ONE PLAYER	Y/N	
REGISTRATION FEE: 6U Born 2012-2013	\$15 _____ = \$ _____	
REGISTRATION FEE: FIRST PLAYER (8U-19U)	\$25 _____ = \$ _____	

TOTAL REGISTRATION FEE = \$ _____

TOTAL UNIFORMS = \$ _____

(Checks Payable to RASA) TOTAL AMOUNT PAID = \$ _____

Registration fees are non refundable. Refunds only if there is not a team available for your child to play on.

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of a (SAY) and we agree to indemnify to hold harmless (SAY), its members, coaches, officers designates of any kind from any claim whatsoever.

PARENT/GUARDIAN SIGNATURE

DATE

Please Complete Both Sides

Ridgway Area Soccer Association

CONSENT FOR EMERGENCY MEDICAL TREATMENT

WE, THE PARENTS OF _____ GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT OF OUR CHILD FOR ILLNESS OR ACCIDENT IF WE CANNOT BE CONTACTED FIRST.

EMERGENCY PHONE: Parent or Guardian: NAME: _____

PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT: NAME: _____

PHONE: _____

DOES YOUR CHILD HAVE ANY ALLERGIES THAT REQUIRE ANY SPECIAL MEDICATIONS? Y/N

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL CONDITIONS? Y/N

PLEASE EXPLAIN _____

PARENT/GUARDIAN SIGNATURE: _____

IT TAKES A LOT OF VOLUNTEERS TO RUN A SOCCER PROGRAM FOR YOUR CHILDREN. IF YOU CAN HELP, PLEASE CIRCLE ONE OR MORE ITEMS BELOW.

AN IMMEDIATE OPENING FOR A SECRETARY FOR THE BOARD IS AVAILABLE.

COACH	ASSIT. COACH	FIELD MARSHAL
FIELDS & GROUNDS	REFEREEING	FUNDRAISING

****APPLICATIONS ARE DUE BY 08/01/2021****

APPLICATIONS CAN BE MAILED TO :
GREG PETROSKY
1 SOUTH STREET
RIGWAY, PA 15853

BELOW THIS LINE Ridgway Area Soccer Association USE ONLY

6UBorn 2015-2016 _____ 8U Born 2013-2014 _____ 10U Born 2011-2012 _____

12U Born 2009-2010 _____ 14U Born 2007-2008 _____ 16U Born 2005-2006 _____

19U Born 2002-2004 _____

Players Age As Of 1/1/2021 _____

FEE PAID \$ _____ CHECK # AND BANK _____

RECEIVED BY _____ DATE RECEIVED _____