

<b>Club Use Only:</b>	Date Received _____	<input type="checkbox"/> Payment Information on Sibling's Form	Initial _____
Amount Received \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check (Bank _____)	Check # _____
Items Paid: _____ # Travel	_____ # Intramural	_____ # Jerseys	<input type="checkbox"/> Fall Fundraiser
			<b>Balance Due \$</b> _____

# Ridley United Soccer Registration Form

Return completed form with payment made payable to Ridley United Soccer to the Ridley United Club House, 4<sup>th</sup> and Sutton Aves., Folsom on specified registration dates or mail to PO Box 343, Folsom, PA 19033

**Please print all information**

<b>Player Status:</b> <input type="checkbox"/> New <input type="checkbox"/> Returning - New Contact Info? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Season:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring	<b>Program:</b> <input type="checkbox"/> Intramural <input type="checkbox"/> Travel <input type="checkbox"/> TOPS (Special Needs)
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**Player Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Sex:  M  F Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Medical History**

List any medical information required to participate in an athletic program: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Special Medications: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_  
 Emergency Contact (if you are not present): Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Intramural Player's Soccer Skill Level (If unsure, check Average)**

The following will assist the club in establishing player team assignments that create evenly matched teams within an age division.  
 Beginner  Below Average  Average  Above Average Number of years played \_\_\_\_\_

**Parent/Guardian Volunteer Task Selection (Please Select One)**

Coach  Assistant Coach  Family/Picture Day (Fall)  Banquet (Fall)  Field Maintenance  Other \_\_\_\_\_

**Payment Information**

**Family discounts apply only to fall season, intramural players:** 1st player \$ \_\_\_\_\_ + \_\_\_\_\_ Additional players = \$ \_\_\_\_\_  
 I need (Qty) \_\_\_\_\_ Reversible Club Jersey(s) x \$20 each = \$ \_\_\_\_\_ + **Family Fundraiser (Fall only) = \$ \_\_\_\_\_ (Total)**

**Release Statement**

**Note:** The statement should be signed by a legal guardian, for himself; an adult player for himself; coach for himself; administrator for himself.  
 I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of EPYSA, Ridley United Soccer Club Inc., and its affiliated organizations and sponsors. Recognizing their possibility of physical injury and/or death associated with soccer and its related activities and in consideration for the EPYSA, RUSC, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release discharge and/or otherwise indemnify the EPYSA, Ridley United Soccer Club Inc., the Board of Directors and staff, 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: \_\_\_\_\_ Date: \_\_\_\_\_

**Ridley United Soccer Club Inc.** PO Box 343, Folsom, PA 19033 610-586-3663 www.ridleyunitedsoccer.org

*Affiliated with Eastern Pennsylvania Youth Soccer Association, United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA) RG-6 Apr-09*