



Ravenna Soccer Club



Player Registration

Registration for spring 2010 will be held at the first Reformed church on Feb. 4th, 9th, & 16th from 6 to 7PM, and Feb 20th from 10AM to Noon. Checks should be made payable to Ravenna Soccer Club. Form may also be mailed with payment to the attention of Ravenna Soccer club, 11786 Deerfield Dr. Ravenna Mi. 49451. Any questions please attend an RSC meeting first Thursday of each month at the First Reformed Church. Meetings are at 7:00 PM

Fill this form out completely.

Player Name _____ Age _____ Birthdate _____ Male Female

Mother _____ Ph# _____ Cell# _____

Father _____ Ph# _____ Cell# _____

Address _____ City _____ Zip _____

Email _____ (Email will only be used to distribute Ravenna Soccer Club related information)

Level of Play Last Season _____

Level of Play This Season _____

Check Appropriate Age Group:

_____ Under 6 (co-ed)	Born 8-1-03 and younger	_____ Under 8 (co-ed)	Born 8-1-00to 7-31-03
_____ Under 10 boys	Born 8-1-99 to 7-31-01	_____ Under 10 girls	Born 8-1-99 to 7-31-01
_____ Under 12 boys	Born 8-1-97 to 7-31-99	_____ Under 12 girls	Born 8-1-97 to 7-31-99
_____ Under 14 boys	Born 8-1-95 to 7-31-97	_____ Under 14 girls	Born 8-1-95 to 7-31-97
_____ Under 16 boys	Born 8-1-93 to 7-31-95	_____ Under 16 girls	Born 8-1-93 to 7-31-95
_____ Under 19 boys	Born 8-1-90 to 7-31-93	_____ Under 19 girls	Born 8-1-90 to 7-31-93

I would like to volunteer for the following: _____ Coach _____ Assistant Coach _____ Concession Stand

Other: _____

Name: _____

Emergency Information

Contact Name _____ PH# _____

Doctor _____ PH# _____ Hospital _____

Insurance Co. _____ Policy # _____

I _____ authorize a representative of Ravenna Soccer Club to give authorization for treatment of my child in the event of a serious injury in my absence. I understand authorization will only be given if I cannot be reached and if immediate treatment is necessary. I understand Ravenna Soccer Club will authorize doctors to stabilize my child until my arrival unless, due to degree of injury, further treatment is immediately necessary. I/we understand soccer is a physical sport and that injuries do occur, I will not hold Ravenna Soccer Club, coaches or board members liable. I also understand that I am responsible to return the uniform to the club at the end of the season. I agree that if it is not returned I will be assessed a \$25 charge to replace the jersey. If I return a damaged jersey, the club may also assess fees up to \$25 to fix or replace damaged jersey.

Parent or Guardian _____ Date _____

Registration Fees: U6-U8 \$30 _____ U-10 or Above- \$35 _____ LIMIT \$76 PER FAMILY MAX.

Check Payment Type: Check # _____ Cash _____ Money Order _____

A \$10 late fee will be assessed for sign-ups received after March 15th 2010

T-Shirt size: _____ (For U6, and U8 players)