



PLAYER MEMBERSHIP FORM

P.O. Box 85-1552 • Richardson, TX 75085 • 972-234-2571

*Note: Registration does not guarantee placement.



TO BE COMPLETED BY PLAYER OR PARENT

LAST NAME: _____ FIRST NAME: _____ INIT. _____

ADDRESS: _____ APT.# _____ BOY GIRL GRADE: _____

CITY: _____ ZIP: _____ BIRTHDATE: _____ / _____ / _____
(MONTH) (DAY) (YEAR) (AGE)

HOME PHONE: (____) _____ SCHOOL: _____ SCHOOL: _____
(MUST INCLUDE PUBLIC SCHOOL EVEN IF NOT ATTENDING.)

CELL PHONE: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ WORK PHONE: _____ OCCUPATION: _____

MOTHER'S NAME: _____ WORK PHONE: _____ OCCUPATION: _____

How many years have you played soccer? _____ **Last season played was?** _____
MO/YR

Have you played soccer in RSA before?

YES LAST RSA TEAM: _____ COACH: _____

DID YOU PLAY LAST SEASON? YES.....DO YOU WANT TO RETURN TO THE SAME TEAM? YES NO

IF THE HOME SCHOOL TEAM YOU ARE REQUESTING IS UNAVAILABLE,
DO YOU WANT TO RETURN TO YOUR PREVIOUS TEAM? YES NO

NO I'M NEW TO RSA. IF YOU PLAYED OUTSIDE RSA, GIVE NAME OF LAST LEAGUE/ASSOCIATION: _____

LAST TEAM: _____

We ask for and need the active participation of all parents in our program. Please check the area(s) in which you would be willing to help.

Coach Asst. Coach Committee Commissioner Board Member Referee Newsletter General Volunteer

IMPORTANT PARENTAL RELEASE

I, the Parent/Guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. **Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.**

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give 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.

REGISTRATION INFO

Registration deadlines and fees outlined on individual sports summary page. No refunds will be given after first scheduled game. Please pay by check or money order payable to RSA. There will be a \$25 fee for returned checks and will constitute immediate ineligibility. All registrations turned in after deadline dates must be accompanied by a \$10.00 deadline charge**. Registering does not guarantee placement on a team.

NAME: _____ SIGNATURE: _____ DATE: _____
(Please Print Parent Name) (Parent/Legal Guardian's Signature)

BELOW FOR OFFICIAL USE ONLY

Birth Certificate Copy: Attached If On File, Enter Player ID#: _____

OFFICE USE

LEAGUE NAME: **RICHARDSON SOCCER ASSOCIATION**

AGE GROUP: _____ DIVISION: _____

TEAM NAME: _____ TEAM #: _____

3A 08 N/A RSA R 075
REGION STATE DISTRICT LEAGUE RECREATIONAL RSN

Registration Fee \$ _____

Transfer To New Team Fee (\$10.00) _____

Membership Fee (\$2.00) _____

Deadline Fee (\$10.00) _____

Other: _____

TOTAL FEES \$ _____

Rec'd By _____ Date _____

Cash Receipt
_____ \$ _____

Check
_____ \$ _____

DEPOSIT# _____