



# 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: (\_\_\_\_\_) \_\_\_\_\_ PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_  
 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, its 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# \_\_\_\_\_