



SPRING SOCCER



U6

U8

U10

U12

U14

U16

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

MOM/Guardian's Name: _____

Cell Number: _____ Other: _____

E-mail: _____

DAD/Guardian's Name: _____

Cell Number: _____ Other: _____

E-mail: _____

If you or any siblings were on a team last season, please provide us with the names of the siblings, coaches & teams, if possible:

Names & ages of any siblings playing this season:

I hereby give my consent for _____ to participate under the rules and regulations of the City of Richland Parks & Recreation. I release the Richland Attendance Center, the Officers, the Booster Club, Coaches, Sponsors, USSSA, Start Smart, MYSA, City of Richland Parks & Recreation and any other duly appointed person(s) from Liability as result of injury while at practice or games sponsored by the City of Richland. I also understand that in the event of a protest concerning my child's legal age, it is my responsibility to furnish the Richland Parks & Recreation with additional proof. As the legal guardian of the above named player, I hereby give my consent for emergency medical treatment to be given under whatever conditions are necessary for life, limb, or well being of my dependent.

Print Name: _____ Date: _____ Signature: _____

PLAYER UNIFORM ORDER (Please Circle)

Shirt Size: Youth: XS S M L Adult: S M L XL XXL

Short Size: Youth: XS S M L Adult: S M L XL XXL

Sock Size: S M L

Parent Verification Signature (for uniform sizes) X _____

Payment due upon registration

U6 & U8 - \$50 U10 & U12 - \$60 U14 - \$70 U16 -- \$85
(RETURNING FALL PLAYERS - \$30) (RETURNING FALL PLAYERS - \$35) (RET \$40) (RET \$45)

\$5.00 non-resident fee applies to all players that do not live inside the Richland City Limits.

(FOR OFFICE USE ONLY)

Birth Certificate: YES NO Cash Amount: Entered By:

Notes: _____ Check #: _____ \$ _____
Credit Card: MC V _____