



# SPRING SOCCER

Age determined by birth year



U6 (ages 3-5)

U8 (ages 6-7)

U10 (ages 8-9)

U12 (ages 10-11)

U14 (ages 12-13)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MOM/Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

DAD/Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell/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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

### PLAYER UNIFORM ORDER (Please Circle)

**Shirt Size:** Youth: S M L Adult: S M L XL XXL XXXL

**Short Size:** Youth: S M L Adult: S M L XL XXL XXXL

**Sock Size:** S M L

Parent Verification Signature (for uniform sizes) X \_\_\_\_\_

### Payment due upon registration

U6 & U8 - \$50

U10 & U12 - \$60

U14 - \$70

(RETURNING FALL PLAYERS - \$30)

(RETURNING FALL PLAYERS - \$35)

(RETURNING FALL PLAYERS - \$40)

\*\*\$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 \_\_\_\_\_