



# FALL 2010 REGISTRATION

## ONLINE REGISTRATION NOW AVAILABLE

VISIT [www.rcysl.com](http://www.rcysl.com) FOR ONLINE REGISTRATION



### Player Information

Last Name	First Name	Sex (M/F)	Date of Birth	School Attending Fall 2010	Registration Fee
1					
2					
3					
4					

**\*\*\* No special requests for teams or coaches will be accepted or honored. \*\*\***

### Player's Mailing Address:

Street Address	City, State	Zip	Primary Phone #
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### Parent Information

Mother:	Last Name	First Name	Address (if different from player's)	Home Phone #	Work Phone #	Cell Phone #
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Father:	Last Name	First Name	Address (if different from player's)	Home Phone #	Work Phone #	Cell Phone #
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Email Address: Mother \_\_\_\_\_ Father \_\_\_\_\_

Check this box if you wish to ALLOW SDSSA & US Youth Soccer and any of their assigns to provide you with information about their programs and sponsors.

I am willing to \_\_\_\_\_ Coach \_\_\_\_\_ Asst Coach \_\_\_\_\_ Volunteer \_\_\_\_\_  
 Name of Volunteer / Name of player(s) you're volunteering for

### First-Time Players: Please Submit COPY of Birth Certificate

#### Registration Fees:

	<u>Early Bird Fees</u>	<u>After 7/16/2010</u>	<u>Challenge Academy**</u>
U06 ---- 8/1/2004 to 7/31/2006 ----	\$35	\$50	
U08 ---- 8/1/2002 to 7/31/2004 ----	\$55	\$70	
U10 ---- 8/1/2000 to 7/31/2002 ----	\$60	\$75	\$100*
U12 ---- 8/1/1998 to 7/31/2000 ----	\$65	\$80	\$105*
U14 ---- 8/1/1996 to 7/31/1998 ----	\$70	\$85	
U16 ---- 8/1/1994 to 7/31/1996 ----	\$80	\$95	
U19 ---- 8/1/1991 to 7/31/1994 ----	\$80	\$95	

~ Family Maximum \$200\* ~  
**No Refunds after July 16, 2010**

### **GUARANTEED PLACEMENT DEADLINE IS JULY 16, 2010**

Mail registration and payment to:  
**Rapid City Youth Soccer League**  
**PO Box 9044**  
**Rapid City, SD 57709**

**Interested in Challenge Soccer?**  
**Circle Players Name**  
**\$20 Challenge Fee--Collected @**  
**Tryouts!!**  
**(Add'l Fee Exempt from Family Max\*)**  
**[rcysl.com](http://rcysl.com) for more challenge info.**

I, the parent/legal guardian of the named registrant(s), a minor(s), agree that I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA acting as the registrant(s) for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant(s) as a result of the registrant(s) participation in the programs and/or being transported to or from the same.

In addition, as a parent or legal guardian of the named registrant(s), I hereby give my consent for emergency medical care prescribed by a licensed Health Care provider. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependant.

I hereby grant consent to the Rapid City Youth Soccer League for use of photographs, slides, or television filming involving my child(ren). These may appear in various publications or presentations (e.g., power point presentations, brochures, web site photos, newsletters). Consent shall continue during the time my child(ren) participates in the Rapid City Youth Soccer League unless a new form is completed or I contact the association in writing.

I hereby agree to the CODE OF CONDUCT and with the above statements. I certify that everything on this application is correct, to the best of my knowledge.

### **Parent / Guardian Signature**

For Office use only: \$ Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_

Date