

Red Lion Youth Soccer Club
Spring 2018 Registration Form
 www.redlionsoccer.com



Payment - Registration \$ _____ Uniform \$ _____
 Apparel \$ _____ Other \$ _____
 Cash Check # _____

- Checklist -
- Birth Certificate (NEW PLAYER Only)
 - Players Photo (U9 and Up)
 - Code of Conduct
 - RG 6
 - PS 1

REGISTRAR'S USE ONLY

Date _____ Initials _____

LAST NAME _____ FIRST NAME _____
 ADDRESS _____ CITY _____ ZIP _____
 BIRTHDATE _____ SEX: MALE / FEMALE SCHOOL NAME _____
 PHONE: (____) _____ PARENT(S) NAME(S) _____
 EMAIL _____ GRADE IN FALL 2017 _____

Did you play for Red Lion before? ___YES___ NO If so, Previous/Current Team Name Coach _____
 Are you a primary player on another team? ___YES___ NO If so, which Age Level and Team Name _____
 Any siblings playing for Red Lion this season? ___YES___ NO If so, Player's Name & Team Name _____

Late fee of \$25 will be assessed after December 9, 2017. Registration will close for SPRING 2018 on January 9, 2018.

As of December 9, 2017, players will be placed on waiting list and placed if there is room on rosters.

ALL PLAYERS – Must complete the registration form, Code of Conduct, RG6 and provide a copy of birth certificate (ONLY IF NEW) U9 & up Players – In addition must complete the PS1 and have colored photo

CHECKS PAYABLE TO RLYSL

There is a \$30 fee for returned checks. NO REFUNDS!

Refund requests REQUIRE a doctor's note stating child is physically unable to play.

Fall 2017 registrants will be placed on Spring 2018 teams no switching teams until Fall 2018

CO-ED (BOYS & GIRLS) - IN-HOUSE PROGRAM

\$50.00 (T-Shirt and Trophy)

- Under 6 - Birth Year 2012 & 2013
- Under 8 - Birth Year 2010 & 2011

SHIRT SIZE

YS YM YL AS AM

PARENT VOLUNTEER FOR:

- Coach
- Assistant Coach
- Team Manager/Parent
- Fundraiser
- Field Set ups
- Other _____

BOYS & GIRLS - REC/TRAVEL PROGRAM

\$75.00 (uniform fee \$45.00)

- Under 9 - Birth Year 2009
- Under 10 - Birth Year 2008
- Under 11 - Birth Year 2007
- Under 12 - Birth Year 2006
- Under 13 - Birth Year 2005
- Under 14 - Birth Year 2004
- Under 15 - Birth Year 2003
- Under 19 - Birth Years 2002 - 1999

Returning Player Uniform # _____

My child, _____ has permission to participate in the RLYSL. I/We will in no way hold RLYSL responsible for any injury or accident, which may occur while participating in the program during the 2017/2018 soccer year. I also give my child permission to be treated by a physician in the event of an injury if I/we are not present. It is the responsibility of the parent and/or player to communicate to the coach (es) about any chronic illnesses, please list these below under Medical Conditions. Use the back of this form if more space is required.

Family Doctor _____ Phone _____ Hospital Preference _____

Emergency Contact (other than parent) _____ Phone _____ Med. Conditions _____

I/We understand that RLYSL is not obligated to use the above-designated physician or hospital preference. I/We also understand that my/our child, myself, and any other spectator we bring to the game, practice, or tournament is expected to abide by the rules, code of conduct, and by-laws governing RLYSL and any of the fields that we play on.

POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:

Smoking and/or use of all tobacco and alcohol products by players, coaches, or spectators of any York USA League events or Red Lion Soccer Club facilities or grounds before, during, or after any organized event or program is strictly prohibited. _____ Parent's Initials

I _____ agree/ _____ disagree to allow photographs of our child during practices, games, and/or tournaments, which could be used for publicity.

Parent's/Guardian's Signature _____ Date _____