



## YOUTH OUTDOOR LEAGUE

For Ages 4 to 14 (as of July 31, 2011)

(NO high school players)

**Saturday mornings April 14, 2012**

8 weeks-times to be announced

**River Soccer Club Complex**

**Roxana, Delaware**

**\$40 per player**

(reduced rate for 3 or more players)

*Players are placed on teams based on age and ability*

*Age groups are Under 6 ,8, 10 ,12, & 14*

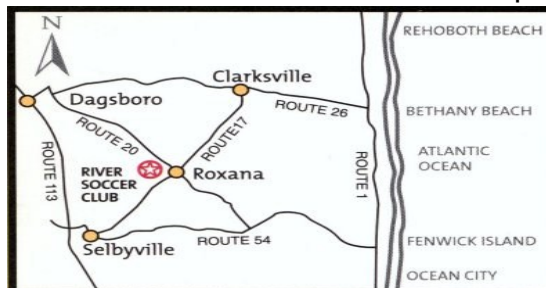
Please bring completed form to the registration site listed below

OR register online at ***www.riversoccerclub.com***:

Saturday	February 25	9am-1pm	John M. Clayton School Frankford
Thursday	March 8	5pm –6pm	River Soccer Club Complex
Thursday	March 15	5pm—6pm	River Soccer Club Complex
Saturday	March 31	9am-11am	River Soccer Club Complex

## **REGISTRATION IS ENCOURAGED BY MARCH 31, 2012**

Directions to River Soccer Club Complex



For more information contact:

Rob Engel

302-436-2963

Questions can also be emailed to [rsrec@mchsi.com](mailto:rsrec@mchsi.com)

River Soccer Club Outdoor League Spring 2012

# Registration Form

Please use a separate registration form for each participant

**REGISTRATION IS ENCOURAGED BY MARCH 31 2012**

Participant's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(as of July 31, 2011)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you need a ball? Yes or No (All players must bring a ball) \$10.00 charge for ball

<b>Circle Shirt Size:</b> YS(6-8) YM(10-12) YL(14-16) AS AM AL	<b>Circle the choice that best describes your player's experience and ability:</b>  No experience, beginner Little experience, fair skills Some experience, good skills Very experienced, very good skills	<b>Volunteers are needed to support our program. Where can you help????</b>  Concessions Field Maintenance Referee
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Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in being (circle one):      **Coach**      **Assistant Coach**

Release:  
My child, \_\_\_\_\_, has my permission to participate in the River Soccer Club Recreational Soccer Program. I hereby assume the risk of all accidents and of all personal injury and any other loss or damage which he/she may suffer while participating in this program. I hereby absolve the River Soccer Club, its officers and Board of Directors, and its coaches, agents, servants, employees and instructors, and other volunteer workers, from all liability of any personal injury, loss or damage that he/she sustains as a result of him/her being injured while participating in the Recreational Soccer Program. I certify that my child is healthy enough to participate in the Youth Soccer Program. I also certify that my child is covered under an accident and health insurance policy which covers his/her participation in this program.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

**For Office Use Only**  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash or Check#: \_\_\_\_\_ Initials: \_\_\_\_\_ Age Grp: \_\_\_\_\_ Team: \_\_\_\_\_