

RIVER FALLS WILDCAT SOCCER REGISTRATION
2010 FALL RECREATION PROGRAM
Registration Deadline – Aug 30, 2010

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Sex: Male _____ Shirt Size: Youth: Med (10-12) Lg (14-16)
Female _____ Adult: Sm(32-34) Med(36-38) Lg(40-42) Xlg(44-46) or XXL

Date of Birth: _____

Child has Played in the Traveling Soccer Program: _____ Yes _____ No

Grade as of 9/1/2010 (circle): K 1st 2nd 3rd 4th 5th 6th 7th 8th

Fees: K & Adaptive - \$45

Grades 1-2 - \$50 Checks are to be made out to: Wildcat Soccer

Grades 3-8 - \$55

Games start Sept. 11th and end October 16th, 2010. Coaches will call practices prior to the Sept. 11th start date. All games will be played on Saturday morning at the Golf View or School district soccer fields. Forms can be mailed to: **River Falls Wildcat Soccer P.O. Box 72 River Falls, WI 54022.**

To maintain the success of our program, parents are expected to volunteer. Please check one of the choices below:

_____ Coach/Assistant Coach Name: _____ T-Shirt Size _____

_____ Concession Stand Name: _____

_____ Photo Day (Help organize and run Photo Day, usually takes place the second Saturday of soccer) Name: _____

Father's first/last name: _____ Father's Daytime Phone _____

Mother's first/last name: _____ Mother's Daytime Phone _____

I waive any rights and claims against the City of River Falls and/or River Falls Wildcat Soccer, all employees and volunteers for any injuries or loss suffered by myself or my child at the above activity sponsored by the River Falls Wildcat Soccer Association.

Signature of parent/guardian: _____

Refunds for withdraw will be made in full before August 15. After that date and before start of play, refunds will be 50% of fee. After start of play, refunds are not available.

Paid: \$ _____ Cash _____ or Check# _____ Rec'd by: _____