

River Falls Wildcat Soccer Summer Traveling Soccer – 2012

Player's Name: _____ Sex: F or M
 Address: _____ City: _____ Zip: _____
 City of: _____ or Township of: _____
 Home Phone number: _____ Date of Birth: _____
 E-mail address: _____ Age Level U-: _____
 Sept. 2010 school grade: _____

Father's Name: _____
 Address: _____
 Mother's Name: _____
 Address: _____

Please check if this player has registered for traveling soccer in prior years AND there is NO CHANGE in the above address, phone, email information since last registration.

FEES: \$200.00 - U9 and U10, boys and girls
\$250.00 - U11 and U12, boys and girls
\$275.00 - U13 and Up, boys and girls

If registered by Nov. 30, 2011, deduct \$20.00
 \$180 U9/10, \$230 U11/12, \$255 U13 & Up

***Can pay with two checks for 50% each. RFWS will hold 2nd until Jan 2010.
 ***Late payment charge will be enforced.

When a player registers and pays their fee, that person is registered to River Falls Wildcat Soccer.

UNIFORM: \$75.00 for NEW uniform...if needed. 2011 uniform is good thru 2013 summer and fall seasons. UNIFORM SIZES:

Jersey Size: YM _____ YL _____ AS _____ AM _____ AL _____
 Shorts Size: YM _____ YL _____ AS _____ AM _____ AL _____

Parent/Guardian Agreement: I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, WYSA, MYSA and River Falls Wildcat Soccer (RFWS), their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, WYSA, MYSA and RFWS accepting the registrant for their soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, WYSA, MYSA and RFWS, their affiliated organizations, sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from same, which transportation I hereby authorized. **I also understand that I am expected to volunteer a minimum of 2 hours of general time per child to RFWS in support of soccer activities, PLUS commit to volunteer committee service as indicated:**

____ Traveling Coaching, ____ Rec Program Coaching, ____ Team Manager, ____ Fundraising,
 ____ Field and Equipment Maint., ____ Program Development/Marketing, ____ Concessions

Parent/Legal Guardian (Please Print) _____

Signature _____ Date _____

FEES:
 Registration Fee: \$ _____
 Uniform Fee: \$ _____
 Volunteer Opt Out: \$ _____ Check this box and add \$40.00
 Late Fee : \$ _____ if you wish NOT to volunteer.
 Total Due: \$ _____

OFFICE USE:
 Total Rcvd: \$ _____
 On (date) _____
 Rcvd by _____

Registration deadline is Dec. 31, 2011. \$10 late fee

Mail to: River Falls Wildcat Soccer, PO Box 72, River Falls, WI 54022
 Applications after deadline will only be considered if space is available. Refunds prior to Feb. 1, 2012 will be in full minus \$50.00. **NO REFUNDS AFTER FEB. 1, 2012**