



Robbinsville Soccer Association

P.O. Box 9
Windsor, NJ 08561

RSA Use Only

CN _____

CA _____

RSA SUMMER SOCCER CAMPS REGISTRATION 2009

Camp Fees: **Half Day Schedule -- \$190/week**
Full Day Schedule -- \$250/week

Phone: (609) 426-1893
Email: soccerra@aol.com
Website: www.rsasoccer.com

Registration Deadline: May 16, 2009

Complete form, sign and mail check (payable to RSA) to above address.

Child Information: _____ / _____ / _____
Last Name First Name Birth date

Male

Female

_____ Street Address Town Zip Code

_____ School _____ Grade this Fall _____ Home Phone #

Shirt Size: (Circle One) **YS YM YL AS AM AL**

Select Date(s): July 13-17 August 17-21 August 24-28

Child Information: _____ / _____ / _____
Last Name First Name Birth date

Male

Female

_____ Street Address Town Zip Code

_____ School _____ Grade this Fall _____ Home Phone #

Shirt Size: (Circle One) **YS YM YL AS AM AL**

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Select Date(s): July 13-17 August 17-21 August 24-28

Parent/Guardian Information

Home E-mail address: _____

Mother/Guardian

_____ Last Name First Name Home Phone # Cell Phone #

Address
same as
child

_____ Street Address Town Zip Code

Father/Guardian

_____ Last Name First Name Home Phone # Cell Phone #

Address
same as
child

_____ Street Address Town Zip Code

Special Considerations

PARENTAL OR LEGAL GUARDIAN AUTHORIZATION

I GIVE MY PERMISSION FOR THE ABOVE NAMED MINORS TO PARTICIPATE IN ALL NORMAL AND USUAL ACTIVITIES ASSOCIATED WITH R.S.A. IN THE EVENT OF AN EMERGENCY, ACCIDENT, OR INJURY, WHICH OCCURS WHILE MY CHILD(REN) PARTICIPATE IN AN R.S.A. PROGRAM AND I AM NOT PRESENT, I HEREBY GIVE MY PERMISSION FOR THE ADULT REPRESENTATION OF R.S.A. TO SECURE WHATEVER MEDICAL OR HOSPITAL ARE THAT MIGHT BE NECESSARY AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR SUCH CARE. I FURTHER HOLD R.S.A, ITS REPRESENTATIVES, ORGANIZERS, AND SPONSORS HARMLESS FROM AND INDEMNIFY THEM AGAINST LIABILITY OR LOSS INCURRED IN CONNECTION WITH ANY INJURY TO OR AS A RESULT OF ANY TREATMENT RENDERED PURSUANT TO THE PERMISSIONS TO PARTICIPATE FOR THE MINORS NAMED ABOVE.

Parent/Guardian Signature

Date