

# Robbinsville Soccer Association

P.O. Box 9 Windsor, NJ 08561

RSA Use Only

CN \_\_\_\_\_

CA \_\_\_\_\_

## Association Fees

Robbinsville Resident: \$ 75/child

Non-Resident: \$ 90/child

## TRAVEL REGISTRATION 2011

Email: rsasoccer@rsasoccer.com

Website: RSASoccer.com

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

### Child Information

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last Name First Name Date of Birth

Male

Female

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### Child Information

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Female

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### Child Information

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Last Name First Name Date of Birth

Male

Female

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### PARENT/GUARDIAN INFORMATION

HOME E MAIL:

WORK/OTHER E MAIL:

### Mother/Guardian

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Address   
same as  
child

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### Father/Guardian

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Address   
same as  
child

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### 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, OR TRAVEL TO OR FROM 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 HATEVER MEDICAL OR HOSPITAL CARE 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.

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Parent/Guardian Signature

\_\_\_\_\_  
Date