



Robbinsville Soccer Association
P.O. Box 9 Windsor, NJ 08561
SPRING CLINIC / FALL REC LEAGUE REGISTRATION 2009

RSA Use Only

CN _____

CA _____

Complete form, sign and mail check (payable to RSA) to above address.
Registration Deadlines -- SPRING: March 7, 2009. FALL: June 13, 2009

League Fees	Spring Clinic (begins April 11)
	Pre-K, Kindergarten through 2nd Grade \$ 75
	3rd Grade and Above \$ 130

Fall Rec League	
Pre-K through 4th Grade (Fall 2009)	\$ 75
5th through 8th grade in Fall 2009 (Midlands)	\$ 85

Phone: (609) 426-1893
Email: rsasoccer@rsasoccer.com
Website: RSASoccer.com

\$10 credit to be applied for each additional child
After June 13, \$25 late fee to be applied per family. Late registrants will be wait-listed and will not be guaranteed placement on a team.

Child Information

- Male
 Female

_____/_____/_____
Last Name First Name Date of Birth

Street Address Town Zip Code

School **GRADE IN SEPT 2009** Home Phone #

Check all that apply:

Spring Clinic
 including Goalie training

Fall Rec League

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

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PARENT/GUARDIAN INFORMATION HOME E MAIL: _____

Mother/Guardian

- Address
same as child

Last Name First Name Home Phone # Cell Phone #

Street Address Town Zip Code

Father/Guardian

- Address
same as child

Last Name First Name Home Phone # Cell Phone #

Street Address Town Zip Code

Special Considerations

Circle to Volunteer for any: **COACHING (Grade/Gender_____)** **FIELD & EQUIPMENT AS NEEDED** **SPONSOR** **UNIFORM HELP**

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.

Parent/Guardian Signature

Date