

Robbinsville Soccer Association

P.O. Box 9 Windsor, NJ 08561

RSA Use Only

CN _____

CA _____

League Fees

For those entering 5th - 8th grades in fall (Midlands)

1st Child: \$ 75

Additional Child 65

Children born before 10/1/2004:

1st Child: \$ 65

Additional Child 55

FALL REGISTRATION 2008

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

Phone: (609) 426-1893

Email: soccerRSA@optonline.net

Website: RSASoccer.com

After June 14, the registration fee must include \$25 late charge per family. All late registrants are not guaranteed placement on a team.

Child Information

Last Name

First Name

_____/_____/_____
Date of Birth

Male

Female

(Check one)

Street Address

Town

Zip Code

School

GRADE THIS FALL

Home Phone #

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

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

Child Information

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First Name

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

PARENT/GUARDIAN INFORMATION

HOME E-MAIL: _____

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

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