

Registration Fee: \$90

Robbinsville Soccer Association

P.O. Box 9
Windsor, NJ 08561

RSA Use Only	
CN	_____
CA	_____

WINTER FUN REGISTRATION

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

Complete form, sign and mail check (payable to RSA) to above address.
Once Winter Fun starts, refunds or credits will not be possible.

Registration deadline: December 21, 2008

Child Information

<input type="checkbox"/> Male	_____	_____	____/____/____
	Last Name	First Name	Birth date
<input type="checkbox"/> Female	_____	_____	_____
	Street Address	Town	Zip Code
	_____	_____	_____
	School	Grade this Fall	Home Phone #

Child Information

<input type="checkbox"/> Male	_____	_____	____/____/____
	Last Name	First Name	Birth date
<input type="checkbox"/> Female	_____	_____	_____
	Street Address	Town	Zip Code
	_____	_____	_____
	School	Grade this Fall	Home Phone #

Child Information

<input type="checkbox"/> Male	_____	_____	____/____/____
	Last Name	First Name	Birth date
<input type="checkbox"/> Female	_____	_____	_____
	Street Address	Town	Zip Code
	_____	_____	_____
	School	Grade this Fall	Home Phone #

Parent/Guardian Information

HOME E-MAIL ADDRESS: _____

Mother/Guardian

<input type="checkbox"/>	_____	_____	_____	_____
Address same as child	Last Name	First Name	Home Phone #	Cell Phone #
	_____	_____	_____	_____
	Street Address	Town	Zip Code	

Father/Guardian

<input type="checkbox"/>	_____	_____	_____	_____
Address same as child	Last Name	First Name	Home Phone #	Cell Phone #
	_____	_____	_____	_____
	Street Address	Town	Zip Code	

Special Considerations

Circle to Volunteer for any: **COACH** **ASSISTANT COACH** **FIELD MONITOR**

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