



Robbinsville Soccer Association
P.O. Box 9 Windsor, NJ 08561
SPRING CLINIC / FALL REC LEAGUE REGISTRATION 2010

RSA Use Only

CN _____

CA _____

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

Registration Deadlines -- SPRING: March 27, 2010. FALL: June 12, 2010

League Fees	Spring Clinic (begins April 10)
	Pre-K, Kindergarten through 2nd Grade \$ 75
	3rd Grade and Above \$ 130

Fall Rec League	
Pre-K through 4th Grade (Fall 2010)	\$ 75
5th through 8th grade in Fall 2010 (Midlands)	\$ 85

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

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

Male
 Female

_____ _____
Street Address Town Zip Code

_____ _____
School Home Phone #

GRADE IN SEPT 2010

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

_____ _____ _____ _____
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