

Ripley Youth Soccer Camp

DATE: July 12 - 16

TIME: 6:00 PM to 8:00 PM

AGES: 6 - 11

PLACE: West Ripley Soccer Fields

Return Registration Form and \$30.00

(checks payable to RYSC) by July 1 to:

Sherri Stahlman

Amount Paid _____

102 Skyline View

Ck #___ Cash___ MO___

Ripley, WV 25271

Players must be ages 6 to 11 on July 31, 2009 to be eligible for camp.

Players Last Name _____ First Name _____

Middle Initial _____ Birth Date _____ Sex: M F

Address _____ City _____

State _____ Zip _____ Telephone Number _____

Mother's Name _____ Work/Cell _____

Father's Name _____ Work/Cell _____

Emergency Contact - Person other than parent/guardian to notify in case of emergency:

Name: _____

Relationship to player _____

Home Phone _____ Work/Cell _____

Medical Insurance Carrier _____

Policy No. _____

Physician's Name _____ Phone _____

Allergies or other pertinent information: _____

Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities ("The Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature (Parent/Legal Guardian) _____ Date _____