



Spring Fall 20__ Season

"We are minutes away from a lifetime of memories!"

PO Box 25 Braidwood, IL 60408 - 779-456-0461

www.rcscsoccer.com - info@reedcustersoccerclub.org

Players Last Name	First Name	MI

Street Address	City	State	Zip Code

Birthdate	Gender (M or F)

Primary Phone	Email Address – Primary Form of Contact Print Clearly

Parent/Guardian Contact Information

Name	Home Phone	Mobile Phone

Name	Home Phone	Mobile Phone

Emergency Contact Information

Name	Home Phone	Mobile Phone

Name	Home Phone	Mobile Phone

Jersey Size (Please place an "x" in the space after your size)

YXS		YS		YM		YL		AS		AM		AL		AXL		A2XL	
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Short Size

YXS		YS		YM		YL		AS		AM		AL		AXL		A2XL	
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Sock Size

Youth 1-4 Shoe Size		Regular 5-8 Shoe Size		King 9-13 Shoe Size	
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I would like volunteer to help with (Please place an "x" in the space after your choice)

Coach		Asst. Coach		Fields	
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Concessions		Team Mom		Special Projects (When Needed)	
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Board					
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See Reverse Side →→→→

Liability Waiver

I the undersigned or Parent/ Guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and server social and economic losses which might result not only from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following an injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, it's affiliated organizations and sponsors, their coaches, managers, employees and associated personal, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as , "releases" from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/ participant has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have and athletic trainer, coach, and/or doctor of medicine or dentistry or associated personal to provide the treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as release from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release. I have read the above waiver/release and understand that(I) we have given up substantial rights by signing this release and understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the program.

**** We hereby consent that photo images of our child may be used for RCSC advertising, website posting, Facebook, publicity or, newspaper releases. Yes or No (Please Circle) ****

Print Name: _____ Signature: _____ Date: _____
 Spring Season

Print Name: _____ Signature: _____ Date: _____
 Fall Season

Fees

Total Player Fee=

\$150 per player w/fundraiser = \$60 player fee + \$60 fundraiser + \$30 volunteer fee (one per family)

\$120 per player w/fundraiser buyout = \$60 player fee + \$30 buyout + \$30 volunteer fee (one per family)

Office Use Only:

Payment:	Cash/Check#	\$	Fundraiser/Buyout	\$	Volunteer Fee	\$	Total:
Spring		60				30	
Fall		60				30	

U6	U8	U10	U12	U14	U19

Office Use Only