SKY RIVER SOCCER FALL 2018 REGISTRATION

Fall Registration Deadline- Postmarked by June 30, 2018
Registrations postmarked and accepted after deadline are subject to space availability.

Mail Registration to Sky River Soccer, Attn: Registrar, PO Box 593, Monroe WA 98272

Fees: **Boys and Girls 7 through 18** **$130** 1st child registering
$130 2nd child registering
$90 3rd child registering
Free Any additional child

Boys and Girls 3 through 6 **$90**

____ I wish to donate to the Sky River Scholarship Fund to support participation for underprivileged children Indicate amount.

Total Fees ____

*****COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL NEW PLAYERS*****
Players will not be assigned to a team until fees and copy of birth certificate are received

_____ _____ _____
Player's Legal name as shown on birth certificate **Date of Birth** **Phone Number**

_____ _____
Mailing Address (Street or PO Box, City, State, Zip**)** **Email Address**

Gender Male or Female (circle**)**

Shirt size: (circle) **YS YM YL YXL AS AM AL AXL**
Short size: **YS YM YL YXL AS AM AL AXL**
Sock size: **YM YL AM AL**

Is the player new to Sky River Soccer? ____ If no last year played ____, coach name if from Fall 2017 _____

Does player have any medical problems or allergies? _____

School player attends: _____

Comments, no guarantees: _____

_____ _____
First & Last name Father or Legal Guardian **First & Last name Mother or Legal Guardian**

Child resides with: (Circle all appropriate)

Both Parents Father Mother Stepmother Stepfather Other: _____

I/We hereby waive, absolve, and agree to hold harmless the Sky River Soccer Club from any claim arising from participation in this activity. By signing this document, I/We agree to adhere to and uphold appropriate standards of behavior at any soccer event. I am/We are also aware that any member of my family will be held to this same standard. If by the judgment of the Board, standards of behavior are not adhered to, you or your family can be expelled from the club. I/We also confirm that we have read and understand the Concussion Law and Sudden Cardiac Arrest Act as posted on our website www.skyriversoccer.net.

Parent / Guardian Signature_____ **Date** _____

Your time and talents are needed. We encourage all parents to take an active role in our club. The club is run by all volunteers and we welcome any and all help. Please circle areas in which you have expertise or would like to donate your time.
Coach/ Asst Coach/ Team Parent/ Referee/ Fields (mowing, lining, clean up)/ Club Administration/ Fundraising/Concessions/ Field Marshal

For Club Use Only: Date Registered _____ **Paid amt** _____ **Check or Cash Check #** _____
BC rec'd Yes / No

Contact registrar at srscregistrar@yahoo.com **Club phone 360-794-1609**

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