

SKY RIVER SOCCER FALL 2020 REGISTRATION

Fall Registration Deadline- Postmarked by June 30, 2020
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	\$175	1 st child registering	
		\$175	2 nd child registering	
		\$135	3 rd child registering	
		Free	Any additional child	
	Boys and Girls 5 through 6	\$135	(birth years 2015, 2014)	
	Boys and Girls 3 through 4	\$125	(birth years 2017, 2016)	
		_____	I wish to donate to the Sky River Scholarship Fund to support participation for underprivileged children; indicate amount.	
	(\$15 per child early registration discount if received by May 31st.)	_____		
	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 2019 _____		
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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