

# SKY RIVER SOCCER FALL 2021 REGISTRATION

## Spring Registration Deadline- Postmarked by July 15, 2021

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 ages 3 & 4	\$110
Boys and Girls ages 5 & 6	\$130
Boys and Girls ages 7 through 17	\$170
3rd family member registering	\$130
4th or additional family registering	Free

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

### Total Fees \_\_\_\_\_

Fees include a \$30 volunteer fee; will be reimbursed at end of season if families donate volunteer hours between July - Nov 2021 (min. 3 hrs)

**\*\*\*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) \_\_\_\_\_ Is player new to Sky River Soccer? \_\_\_\_\_

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

Short size: YS YM YL YXL AS AM AL AXL

Sock size: \_\_\_\_\_

Does player have any medical problems or allergies? \_\_\_\_\_

School player attends: \_\_\_\_\_

Comments; no special requests will be guaranteed: \_\_\_\_\_

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](http://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 / Ast Coach / Team Parent / Referee / Fields (mowing, lining, clean up) / Club Administration / Fundraising/Concessions / Field Marshall

For Club Use Only: Date Registered \_\_\_\_\_ Paid amt \_\_\_\_\_ Check or Cash Check # \_\_\_\_\_

BC rec'd Yes / No

Contact registrar at [srscregistrar@yahoo.com](mailto:srscregistrar@yahoo.com) (BEST) Club phone 360-794-1609

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