

## SKY RIVER SOCCER FALL 2019 REGISTRATION

**Fall Registration Deadline- Postmarked by June 30, 2019**  
**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:	Circle appropriate fees	Early Reg. May 1-31	Gen. Reg. June 1-30	
	<b>Boys and Girls 8 through U19</b>	<b>\$120</b>	<b>\$140</b>	Oldest child registering
	Birth year 2011-2001	<b>\$120</b>	<b>\$140</b>	2nd Child Registering
		<b>\$ 80</b>	<b>\$100</b>	3 <sup>rd</sup> child registering
		<b>Free</b>	<b>Free</b>	Any additional child
	<b>Boys and Girls Age 3 through 8</b>	<b>\$ 80</b>	<b>\$100</b>	
	Birth year 2016-2012			
	I wish to donate to the Sky River Scholarship Fund to support participation for underprivileged children			\$ _____
	<u>Required at time of registration. \$30 Volunteer fee.</u> Will be refunded at end of season if family has volunteered minimum of 2 hours per player. Excludes coaching.			
	<b>Total Fees</b>	<div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>		
<b>***COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL NEW PLAYERS***</b> (Does not need to be a certified copy)				

\_\_\_\_\_  
**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:** (circle)    **YS** **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**  
**Sock size:** (circle)                      **YM** **YL**                      **AM** **AL**

**Is the player new to Sky River Soccer?** \_\_\_\_ **If no, last year played?** \_\_\_\_ **Coach name if from Fall 2018** \_\_\_\_\_

**Does player have any medical problems or allergies?** \_\_\_\_\_ **School player attends:** \_\_\_\_\_

**Comments, requests 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](http://www.skyriversoccer.net).

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Questions contact registrar at [srsregistrar@yahoo.com](mailto:srsregistrar@yahoo.com)**                      **Club phone 360-794-1609**

**Practices determined by coach, games begin the weekend of September 7<sup>th</sup>**

Volunteers opportunities, please circle areas in which you can help **Referee/Fields (mowing, lining, clean up)/Club Administration/Fundraising/Concessions/Field Marshall**

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