

SKY RIVER SOCCER SPRING 2019 REGISTRATION

Spring Registration Deadline- Postmarked by March 14, 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: Boys and Girls 4 through 14 **\$65** 1st child registering
 \$65 2nd child registering
 \$45 3rd child registering
 Free Any additional child
 _____ 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) **Is the player new to Sky River Soccer?** _____

(2018 fall season players age 7 and up, will use uniform from fall team)

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

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.

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 Club phone 360-794-1609

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