

SKY RIVER SOCCER SPRING 2020 REGISTRATION

Spring Registration Deadline- Postmarked by March 15, 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

Boys and Girls 3 & 4
Boys and Girls 5 through 14
3rd family member registering
Additional family registering

Fees:
\$55
\$65
\$45
Free

_____ 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 player new to Sky River Soccer? _____

(2019 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 srcsregistrar@yahoo.com Club phone 360-794-1609

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*Monroe School District, Sultan School District and Skykomish School District