



* Play with: _____

The Rainbow Youth Soccer League of Nevada (RYSL)

9360 W. Flamingo Rd. #110-267 • Las Vegas, NV 89147-6426 • PH (702) 873-1451 • Fax (702) 522-1441

Web: <http://www.RYSLsoccerLeague.com> • Email: RYSL@RYSLsoccerLeague.com

Parent Support Y / N

We ask for participation of all Parents in our program. Circle area(s) in which You would be willing to help.

Coach Certified referee
Asst. Coach Team Official

PLAYER REGISTRATION FORM

FALL / WINTER / SPRING / SUMMER 20 _____

(circle one)



PLEASE FILL IN EVERY LINE COMPLETELY - PRINT FIRMLY TO GO THROUGH 4 COPIES - PRINT LEGIBLY

"Please remember, it is a privilege to coach, play, volunteer, spectate in the RYSL, NOT a right. The RYSL reserves the right to refuse acceptance of anyone."

How did you find out about us? (Please Circle) Banners on Fence / Facebook / Returning Player / Friend / Former Player / Internet / Coach / Family Member / Flyer / Ad (TV / Radio / Newspaper / Other) / Another League / School - Teacher / Other- _____

Team Name _____ Do Not Fill In: Age Group: RR GU BU

First Name _____ Last Name _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Birth date ____ - ____ - ____ Uniform Size _____

Lives with : Mother ___ Father ___ Both ___ Other ___ (check one)

Father's Name _____ Occupation _____

Cell Phone Number (____) _____ *Email _____

Mother's Name _____ Occupation _____

Cell Phone Number (____) _____ *Email _____

"All critical/important information in the RYSL is sent out through email and/or text message. A legible, accurate, current Email address is mandatory. By providing your mobile phone carrier, you agree to receive critical/important text messages from RYSL. Standard text messaging rates may apply based on the plan you have with your mobile phone carrier _____" (If the email address given is not current, accurate or legible and/or the carrier information is not given, the RYSL is not responsible for any missed activities or information.)

List any medical problems or prohibitions player has _____

Person to notify in an emergency _____ Phone number _____

prior seasons played _____ Last Team _____ Last League _____ Last Year _____ Season F / W / Sp / Su

PARENT ACKNOWLEDGEMENT / LIABILITY DISCLAIMER

I, the parent/legal guardian of the registrant, a minor, or registrant if not a minor, agree that I, the registrant & each and every person in my party will abide by all the rules of the RYSL, its affiliated organizations and sponsors, and have read and will abide by the Players Affiliation Agreement on the back of this form. Recognizing the possibility of physical injury associated with soccer and in consideration for the RYSL, I release, discharge and/or otherwise indemnify the RYSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. By signing this form I understand my child, or myself, is bound to the above named team for the entire seasonal year.

Parent/Legal Guardian/Registrant _____ (Print Legibly)

X
Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, or the player if not a minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or individual trained in the medical field if no doctor is available, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent, or myself.

Parent/Legal Guardian/Registrant _____ (Print Legibly)

X
Signature _____ Date _____

OFFICIAL USE ONLY:

Picture Yes No
Birth Certificate Copy Yes No
Birth Date Verified By: _____
Parent Code of Conduct Yes No
Player Request Application Yes No
Payment Application Yes No
Hardship Application Yes No
Dual Registration Application Yes No
Other _____

SIBLINGS/TRANSACTIONS:

TOTAL: \$ _____

FEES:

\$ _____
\$ _____
\$ _____
\$ _____
TOTAL: \$ _____

COMPLETED:

Cash Amount: _____
Chk #/Amt: _____
Rec'd by: _____
Date: _____