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

RYSL Dual Registration Application

103111

Read the "RYSL Registration Policy" before filling out this Application

Fill out this application completely and legibly

_____ U-_____ _____
(Name of Player-Print Legibly) (Age Group) (Players Birth Date)

_____
(Reason for Dual Registration Request)

_____

_____

_____ _____ _____ _____
(First Team the Player is on) (Season) (Year) (Age Group)

_____ _____ _____ _____
(Second Team Requested) (Season) (Year) (Age Group)

_____ _____ _____ _____
(Third Team Requested) (Season) (Year) (Age Group)

_____
(Is the player involved in "Club" Soccer or any other Sport? If so, what is the "Club" or other sport?)

_____ _____
(Name of Parents requesting this Dual Registration) (Email)

_____ _____
(Address) (Phone)

I have read the "RYSL Registration Policy" and I agree to abide by it.

_____ _____ _____
(Parent Name-print) (Parent Name-sign) (Date)

_____ _____
(Name of person contacted for this transaction) (Date transaction was requested)

_____ _____ _____
(Name of person approving this Dual Registration-Print) (Position) (Date)

_____
(Comments)

_____

_____