

RANGERS SOCCER PROGRAM REGISTRATION

Please fill out the form below completely. Sign and attach payment **Check or M.O. Only.**

Games on Saturdays starting 04/03/10

AGE GROUP	REGISTRATION	UNIFORM
3 TO 5 YEAR OLD	\$55 \$45 w/o uniform	Included in \$55 fee
6 TO 12 YEAR OLD	\$50	\$35
MIDDLE SCHOOL	\$50	\$15

mail to:

Pueblo Rangers Soccer Club
1530 w. 17th St. Unit D
Pueblo, CO. 81003

I would be willing to coach. Yes (Registration fee waived for coach's child)

Player Information:

Last Name:	First Name:	Birth Date:	Uniform order? Choose size
		/ /	YS YM YL AS AM AL AXL
Address:	Phone:	Zip Code:	Previous Coach or Current Middle School

Parent Information:

Father:	Address: (If Different from above)	Home Phone:	Alternate Phone:
Mother:	Address: (If Different from above)	Home Phone:	Alternate Phone:
e-mail:			

IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). **Players registering with the Pueblo Rangers Soccer Club certify that they are not currently registered with any other USYSA organization and may not play for any other USYSA organization for the duration of the current season.** In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the programs including, without limitation, players transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____
Player (Please print)

Name: _____
Parent Guardian (Please Print)

Signature: X _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medical or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well-being of my dependent.

Signature of Parent or Guardian: X _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (_____) _____ - _____

Phone: Business: (_____) _____ - _____

Note: Registration is not complete with out all signatures and payment.