



REGISTER ON OUR WEBSITE: RICHMONDKICKERS.COM!

CHOOSE PROGRAM:  PROVIDENCE (U6-U19)- RICHMOND  UKROP PARK (U4-U16) CHESTERFIELD
 BRYAN PARK (U4-U16)- RICHMOND  HENSLEY (U4-U19) MIDLOTHIAN

PLAYER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ ( ) Male ( ) Female Grade in Fall 2017: \_\_\_\_\_

Coach Request: \_\_\_\_\_

Additional Child: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female Grade in Fall 2017: \_\_\_\_\_

Coach Request: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, VA Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Where did you hear about the Kickers? ( ) Flyer ( ) School ( ) Friend ( ) Returning Player ( ) Other

PLAYERS EXPERIENCE

( ) New ( ) Kickers ( ) Other Club: \_\_\_\_\_ # of seasons: \_\_\_\_\_ Last season played: \_\_\_\_\_

TEAM TYPE PREFERENCE:  Coed U4-U19  Girls U8-U19

Cannot Practice On (circle if any) M T W TH F

Medical Concerns/Issues: \_\_\_\_\_

UNIFORM (U4-U6)

One shirt included: YS YM YL YXL

U8-U19 Players: Full uniform required. You will receive an email To order a uniform through soccer.com

PAYMENT:

U4 \$95 (includes 1 shirt) = \_\_\_\_\_

U5-U6 \$105 (includes 2 t-shirts) = \_\_\_\_\_

U8-U19 \$130 (uniform separate) = \_\_\_\_\_

Sibling Discount: \$10/additional child = \_\_\_\_\_

Prices increase \$25 after Jan 31

Chesterfield Resident? Yes No

Out of County Fee (Except Bryan Park) \$15 = \_\_\_\_\_

TOTAL

Payments received after Feb 7th subject to \$25 late fee.

NO REFUNDS, PAYMENTS MUST BE RECEIVED BY JAN 31

New applicants must provide a copy of birth certificate

Amy Neal- aneal@richmondkickers.com or 804-644-5425, x315

Fax: 804-591-2680

Richmond Kickers, 2001 Maywill St. Suite 203 Richmond, VA 23230

Attn: Recreation

CONSENT TO PLAY

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of VYSA, its affiliated organizations and sponsors recognizing the possibility of physical injury associated with soccer and in consideration for Richmond Kickers Youth Soccer Club accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify VYSA, 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 registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I authorize the Richmond Kickers Youth Soccer Club, to use, reproduce, and/or publish all written and/or visual materials, including photographs of my child while playing for the Richmond Kickers Youth Soccer Club. I understand that this material may be used in any marketing materials, posters, publications, press releases, recruitment materials or for the other related endeavors. This material may also appear on the Richmond Kickers Soccer Club website. Consequently, the Richmond Kickers Youth Soccer Club will not use my child's name on any materials without my written consent.

Signed \_\_\_\_\_ Date: \_\_\_\_\_