



RICHMOND KICKERS YOUTH SOCCER CLUB
Chesterfield County – Pocoshock/Providence Middle School

WWW.RICHMONDKICKERS.COM

2001 Maywill Street, Suite 203, Richmond, VA 23230
 Phone: (804) 644-KICK (5425) Fax: (804) 591-2680



SPRING 2008 RECREATIONAL SOCCER SEASON

Last Name: _____ First Name: _____ MI: _____ Nickname _____
 Date of Birth: ____/____/____ (New Participants must include a copy of Birth Certificate) () Male () Female
 Street Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____ Subdivision _____
 Home Phone: _____ Email Address: _____
 Nearest Elementary School (based on your current address) _____
 Father's Name: _____ Address: _____ Phone (H) _____
 (W) _____ (Cell) _____ Alternate Email _____
 Mother's Name: _____ Address: _____ Phone (H) _____
 (W) _____ (Cell) _____ Alternate Email _____

Parental Support We ask for active participation of parents in our program. Check area(s) in which you would be willing to help:

() Coach () Asst. Coach () Division Director () Uniform Director () Team Parent/Mgr. () Field Set Up () Office Support

Player's Experience: (circle one) None Other - Club _____ # of seasons _____
 Team Type Preference: (please check one) Coed 7/31/2004 – 8/1/1988 _____ Girls 7/31/1998 – 8/1/1988 _____
 I Can Not Practice On: M T W TH F (circle all that apply)
 Medical Concerns/Parent Comments _____
 How Did You Hear About Our Program? Radio Flyer County Brochure Postcard Other _____

Refund Policy: There will be no refunds for any reason other than the following:
 1. Not being able to place a child on a team due to participation numbers
 2. A lack of volunteer coaches
 3. Player is medically unfit to play the first scheduled game (documented by physician's statement)

PLAYER FEES -----Early Registration Player Fee \$80.00
After February 1 Fee ----- \$105.00
 Are You A Chesterfield County Resident? Yes No
 Non Chesterfield County Residents Must Add an Additional \$10.00
 Per Player – Out of County Fee
 Deduct \$5.00 From Registration Fee For Each Additional
 Player In The Same Household
 Financial Assistance Is Available For Those In Need
 Contact Our Office For More Information

UNIFORM ORDER
 Full Set Includes Two Jerseys, 1 short, 1 pair of socks \$35.00
 Sizes Youth X-Small – Adult X Large _____

REPLACEMENT UNIFORM PIECES
 Jerseys \$12.00 Each Size _____ Gold _____ White _____ Red _____
 Shorts 8.00 Size _____
 Socks 5.00 Number of Pairs _____

Consent to Play: I, the 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 programs 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.

(Signed) _____ Date: _____

STAFF USE
 Registration Fee: \$ _____ Uniform Fee: \$ _____ Date Rcvd: _____ Cash/Check # _____ Posted _____

