

All interested players must print this form, complete it and submit it to the RKYSC Youth Office by December 15th, 2006, with payment.

The \$100.00 check must be made payable to  
RKYSC Attn: **Winter Skills Training**  
2001 Maywill Street, Suite 203, Richmond VA 23230.

Equipment required: Shinguards are mandatory. Shoes should be indoor shoes (no cleats).

Players' Last Name : \_\_\_\_\_ Players' First Name : \_\_\_\_\_

Current Team : \_\_\_\_\_ Current Coach : \_\_\_\_\_

Age Group Circle One:

U9/10 Girls	U11 Girls w/ Elite	U9/10 Boys	U11 Boys	U11 Boys Elite
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Parent/Guardian Name : \_\_\_\_\_ Telephone# : \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Cell # : \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consent to Play: I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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 RKYSC 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: \_\_\_\_\_