



**RICHMOND KICKERS YOUTH SOCCER CLUB
RECREATION DIVISION**

www.richmondkickers.com
2320 W. Main Street Richmond, VA 23220
Phone: (804) 644-KICK (5425) Fax: (804) 359-6005

SPRING 2006 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 () Team Parent/Mgr. () Referee () Field Maintenance () Office Support () Tournament

Player's Experience: (circle one) None Other - Club _____ # of seasons _____
Team Type Preference: (please check one) Coed (7/31/2002 - 8/1/1992) _____ All Girls (7/31/1996 - 8/1/1992) _____
Medical Concerns/Parent Comments _____

RECREATION FEES:
Early Registration Fee ----- \$55.00
Registration Received after 2/24/2006 \$70.00
Deduct \$5.00 from Registration Fee For Each Additional Player in Household

RECREATION UNIFORM ORDER FORM
Uniform will not have to be purchased each season - can be worn for multiple seasons
\$30.00 - Consists of Two Jerseys, Shorts, and Two Pair of Socks
Sizes Youth X Small - Adult X Large _____
(state size)

Financial Assistance is available - Contact our office for more information

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 coach volunteers (3) Player is medically unfit to play the first scheduled game (documented by physician's statement) (4) Family relocation - based on amount of season remaining.

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 # _____ Rcvd By: _____ Posted _____



****RICHMOND KICKERS YOUTH SOCCER CLUB****

SPRING 2006 SEASON

Youth Recreation Soccer for Girls and Boys
Ages 4 – 14

No Experience Needed!

The Season Begins April 1, 2006 and runs through May 20th, 2006.

Practices and Games are at Dorey Park located in Eastern Henrico County.

Cost is \$85.00- includes uniform and training session with Richmond Kickers Pro Players!

The Richmond Kickers Youth Soccer Club is committed to provide the ultimate soccer experience: progressive training for coaches and players combined with FUN, FUN, and more FUN. We offer avenues of advancement for every player from novice to highly skilled.

Questions....Contact Tim Krout – tkrout@richmondkickers.com or
Ron Bedwell – soccerbedwell@aol.com