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| **ROCHESTER CITY SOCCER LEAGUE (RCSL) REGISTRATION FORM: Year: 2020-21**  |  |  | | --- | --- | | **Team/quad:** | **Coach(es) name(s):** |  Child INFORMATION  |  |  |  |  | | --- | --- | --- | --- | | **Child’s Last name:** | **Child’s First name:** | **Middle:** | **Birth date: Sex:** |   **Child’s Home Address:** Rochester, New York **ZIP:**   |  |  |  | | --- | --- | --- | | **Child’s Grade Level:** | **Child’s School:** | **Ethnicity (Optional):** | |  | **Nearest R-Center:** |  | | **Parent/Guardian Name:** | **Parent Phone #:** | **Parent e-mail:** | | **Parent/Guardian Address:** | Rochester, New York | **ZIP:** |  |  |  |  | | --- | --- | --- | | **Other family members playing with Rochester City Soccer League?** If so, name(s) of family member?  **Proof of child’s age must be attached to this registration. Proof submitted (check one):**. | | | | 1) | ☐ | Birth Certificate | | 2) | ☐ | Passport | | 3) | ☐ | Resident Card | | 4) | ☐ | Insurance/Benefit Card | | 5) | ☐ | Other: | | 6) | ☐ | Already provided. |  Medical INFORMATION **Please indicate child’s insurance provider & policy #** (If child does not have insurance, please respond “no insurance”):  **List medical concerns/allergies:** IN CASE OF EMERGENCY  |  |  | | --- | --- | | **Name of local friend/relative:** | **Phone #:** |  authorization **I, the undersigned parent/guardian, agree to let the child named above participate in the activities of the Rochester City Soccer League during the current soccer season. I realize there is a risk of physical injury associated with soccer and I agree that the organizers shall in no way be held liable for any injury received at or arising from any game or practice or any other RCSL activity or event. I also understand that in order to minimize the risk of injury in the soccer league, RCSL strongly recommends that every player use footwear specifically designed for the playing surface at hand. I understand that soccer is a contact sport involving considerable running and endurance. I further understand that it is my responsibility through consultation with our family doctor to assure that the above child is fit to participate in this program.**  **BY CHECKING THE BOXES BELOW, I GIVE MY PERMISSION TO ROCHESTER CITY SOCCER LEAGUE TO:**  **☐ (1)** Secure emergency medical services of a licensed physician in the even the above-named child is injured and I am not present. I expect to be informed as soon as possible.  ☐ **(2)** Use any pictures of the above-named child for any brochure, poster, news article or media coverage that helps promote the Flower City Soccer League.  ☐ **(3)** Obtain school grade reports in order to monitor and assist Rochester City Soccer League players’ academic progress.  The above information is true to the best of my knowledge.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Patient/Guardian Signature** | **Date** |  | | |
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