



ROCK SPRINGS SOCCER ASSOCIATION

P.O.BOX 2553

ROCK SPRINGS, WY 82901

Player Registration Form

Mail in registration fee \$45.00

RSSA Age Bracket: \_\_\_\_\_

Team Assignment: \_\_\_\_\_

Previous Coach: \_\_\_\_\_

Recd By: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father will help with: Team \_\_\_ League \_\_\_ Referee \_\_\_ How? \_\_\_\_\_

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

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother will help with: Team \_\_\_ League \_\_\_ Referee \_\_\_ How? \_\_\_\_\_

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

Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Note: \_\_\_\_\_

Amt dues: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Method: \_\_\_\_\_ Fund Raiser: \_\_\_\_\_

Waiver, Release, and Permission:

I/We hereby make an application for the above named child to be enrolled in the program of the Rock Springs Soccer Association, Inc. (hereafter known as RSSA). In consideration thereof, I/We hereby agree to release, absolve, indemnify, and hold harmless the RSSA, including any of the Clubs' directors, officers, sponsors, and any other supporters of the Club for (1) any injury, risk, and hazards incidental to the conduct of activities, including practice, match, ceremonial functions, and transportation to and from the activities; (2) any harm or distress which may be sustained incidental to conduct and implementation of the Laws of the Game as adopted by FIFA, USSF, USYSA, and WSSA and as may be modified for children's play by the RSSA including roster changes, disciplinary action, suspensions, and dismissals from the club; and (3) providing, in the case of an injury requiring immediate medical attention, assistance and/or treatment by a physician, surgeon, paramedic, trainer, or hospital as would ordinarily be given to a patient in such condition. I/We fully assume financial responsibility for such care.

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

**Special Request:** \_\_\_\_\_