



Raymore Peculiar Soccer Club's Elite Registration Form



Make checks payable to: RPSC (No refunds after the start of the season)

COACHES NAME _____ AGE/DIV _____

TEAM NAME _____

ID NUMBER _____ (This is State Birth Certificate Number)

NOTE: Player already on two (2) competitive teams cannot register for another until the MYSA Supplemental Roster dropping one (1) team is on file with this league. Furthermore, if participating on two (2) competitive teams, the MYSA Dual Roster form must also be completed and on file with league.

Last name _____ First Name _____ MI _____

Address _____ City _____

State _____ Zip Code _____ Phone : _____

Birth date _____ Sex: M F

Father's Name _____ Phone _____ E-mail _____

Mother's Name _____ Phone _____ E-mail _____

*Email addresses will be used by RPSC & it's affiliates for communication purposes.

List any medical problem or prohibition player has _____

Emergency Contact Person (other than parents) Name _____

Relationship _____ Phone (H) _____ Phone (W) _____

Doctor: _____ Phone: _____

LIABILITY RELEASE

MUST be signed by parent or legal guardian of player.

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE _____ DATE _____

Print Name _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICAL:

State Birth Certificate on File: Y N Not Sure League Fee _____ Check # _____
Registration Received By: _____ Date _____