



# The Rainbow Youth Soccer League of Nevada (RYSL)

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Web: <http://www.RYSLsoccerLeague.com> • Email: [RYSL@RYSLsoccerLeague.com](mailto:RYSL@RYSLsoccerLeague.com)

## PLAYER REGISTRATION FORM

FALL / SPRING 20 \_\_\_\_  
(circle one)

### Parent Support Y / N

We ask for participation of all Parents in our program.  
Circle area(s) in which You would be willing to help.

Coach	Flyer Delivery
Asst. Coach	Referee Mentor
Team Official	Certified referee
Commissioner	Office help
Registration helper	Fundraising
Tournament Day helper	Publicity
Field set up	Marketing
BOD MEMBER	

**\* PLEASE FILL IN EVERY LINE COMPLETELY - PRINT FIRMLY TO GO THROUGH 3 COPIES - PRINT LEGIBLY**

"Please remember, it is a privilege to coach, play, volunteer, spectate in the RYSL, NOT a right. The RYSL reserves the right to refuse acceptance of anyone."

How did you find out about us? (Please Circle) Returning Player / Friend / Former Player / Family Member / Internet / Coach  
Parent Coaching / Flyer / Ad (TV / Radio / Newspaper / Other) / Another League / School - Teacher / Other- \_\_\_\_\_

Team Name \_\_\_\_\_ Do Not Fill In: Age Group: RR GU CU

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Uniform Size \_\_\_\_\_

Lives with : Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_ (check one)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ \*Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ \*Email \_\_\_\_\_

\* (Legible, accurate, and current Email address is mandatory. If not filled in, the RYSL is not responsible for any missed activities or information.)

List any medical problems or prohibitions player has \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Phone number \_\_\_\_\_

# prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Last Year/Season \_\_\_\_\_ F / S

### PARENT ACKNOWLEDGEMENT / LIABILITY DISCLAIMER

I, the parent/legal guardian of the registrant, a minor, or registrant if not a minor, agree that I and the registrant will abide by all the rules of the RYSL, its affiliated organizations and sponsors, and have read and will abide by the Players Affiliation Agreement on the back of this form. Recognizing the possibility of physical injury associated with soccer and in consideration for the RYSL, I release, discharge and/or otherwise indemnify the RYSL, 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 registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. By signing this form I understand my child, or myself, is bound to the above named team for the entire seasonal year.

Parent/Legal Guardian/Registrant \_\_\_\_\_ (Print Legibly)

X  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, or the player if not a minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or individual trained in the medical field if no doctor is available, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent, or myself.

Parent/Legal Guardian/Registrant \_\_\_\_\_ (Print Legibly)

X  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY:

Picture  Yes  No  
 Birth Certificate Copy  Yes  No  
 Birth Date Verified By: \_\_\_\_\_  
 Parent Code of Conduct  Yes  No  
 Player Request Application  Yes  No  
 Payment Application  Yes  No  
 Hardship Application  Yes  No  
 Dual Registration Application  Yes  No  
 Other \_\_\_\_\_

### PAYMENTS:

Date: \_\_\_\_\_  
 Owes: \_\_\_\_\_  
 Paid: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

### SIBLINGS/TRANSACTIONS:

\_\_\_\_\_

### FEES:

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

### COMPLETED:

Cash Amount: \_\_\_\_\_  
 Chk #/Amt: \_\_\_\_\_  
 Rec'd by: \_\_\_\_\_  
 Date: \_\_\_\_\_