



RICHLAND AREA ROTARY YOUTH SOCCER

DRIFTLESS UNITED ATHLETICS

REGISTRATION FORM

RARYS**PLAYER:**

First Name: _____ MI: _____ Last Name: _____

DOB (MM/DD/YYYY): ____/____/____ Gender: O M O F Mother's DOB (MM/DD/No Year Req'd): ____/____

School (in fall): _____ Grade Entering: _____ Last RARYS Team: _____

Last Year Played: _____ # Years Played: _____ Height: _____ Weight: _____

Sibling/Friend Team Request: _____

Emergency Contact (Other Than Guardians Below): _____

Relationship to Player: _____ Emergency Phone: _____

Doctor _____ Phone _____

Medical prohibitions/problems _____

Shirt Size: O Youth Med O Youth Lg O Adult Sm O Adult Med O Adult Lg O Adult XL (sizes may run small)

PRIMARY GUARDIAN:

Type: O Father O Mother O Other/Legal Gender: O M O F

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone : _____

Company & Occupation: _____

Work Phone: _____ Email: _____

Parental Support – Check area(s) you are willing to help:

- ☐ Coach/Asst Coach
- ☐ Field Prep
- ☐ Concessions
- ☐ Uniforms/Equip't
- ☐ Website
- ☐ Data Entry
- ☐ Referee

SECONDARY GUARDIAN:

Type: O Father O Mother O Other/Legal Gender: O M O F

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone : _____

Company & Occupation: _____

Parental Support – Check area(s) you are willing to help:

- ☐ Coach/Asst Coach
- ☐ Field Prep
- ☐ Concessions
- ☐ Uniforms/Equip't
- ☐ Website

REGISTRATION FEES AND DEADLINES	U10 TEAM	U12 TEAM	U14 TEAM	TOTAL
Regular Fee by 7/31/2014	<input type="checkbox"/> \$90	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	
Regular Fee with mandatory donation in lieu of volunteering	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170	<input type="checkbox"/> \$170	
Late Registration after 7/31/2014	<input type="checkbox"/> \$105	<input type="checkbox"/> \$135	<input type="checkbox"/> \$135	
Late Registration with donation in lieu of volunteering	<input type="checkbox"/> \$155	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	

Note: All participating families are required to volunteer 3 hours per season per participating child or pay the “opt out” fee, which is \$50 per child. There is also a \$15 late fee per child that must be paid at time of registration if registration is after 7/31/2014. Family volunteer commitment should be done for RARYS. However if additional hours are needed then families can volunteer for concession help at the DUA Community Classic held in the end of October.

Note: Registration deadline is July 31, 2014 and this year there is a late registration deadline of August 15, 2014. No registrations will be accepted after that date. Practices start the week of 8/25 and games begin 9/6.

ATTACH CHECK IN THE AMOUNT CHECKED ABOVE MADE PAYABLE TO:

Driftless United Athletics (DUA)

Mail to: DUF Middle School Registrar, **Suzie Howe, E9031 Harrison Hollow N, Readstown 54652**

For additional information visit our website: driftlessunitedathletics.org; or call Kelsey Sauber Olds at 608-634-6974 or Suzie Howe at 608- 629-5019 (registration information)

MEDICAL TREATMENT AND LIABILITY RELEASE (MINOR)

I, the parent/guardian, certify that the registrant, a minor, is physically able to participate in soccer and agree that the registrant and I will abide by all the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer program and activities (the “programs”), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Program, against any claim by or on the behalf of the registrant as a result of the registrant’s participation in the Programs and practices and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care as prescribed by a duly licensed Athletic Trainer, Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

I further agree that, pursuant to Wisconsin statute, if it appears that my child may have sustained a concussion or head injury, he or she will be removed from the activity until such time as a medical professional has examined him/her and provided a written clearance specifically approving a return to soccer and physical activities.

Parent/Guardian

Name

Signature