



**ROCKY MOUNTAIN SOCCER ACADEMY
DEVELOPMENTAL SOCCER LEAGUE**

**REGISTRATION
P.O. Box 460208
Aurora, CO 80046
www.rmsasoccer.org**

For Office Use Only
ID# _____ Div. _____
Team: _____
CK#: _____ Amt: _____
Cash: _____
Date: ____/____/____

Player's Last Name: _____ First Name: _____ Boy ___ Girl ___
Address: _____ City: _____ Zip: _____ School: _____
Date of Birth: ____/____/____ Home Phone: _____ e-mail address: _____
Previous League (if any): _____ New Player: _____ RMSA Returning Player: _____
UNIFORM SIZE: Jersey _____ Shorts _____ Socks _____
Comments or Special Requests: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____
Address(if different from child): _____ City: _____ ST: _____ Zip: _____
Occupation: _____ Soccer Exp.(yrs): _____ Coaching Exp.(yrs): _____
Mothers's Name: _____ Home Phone: _____ Work Phone: _____
Address(if different from child): _____ City: _____ ST: _____ Zip: _____
Occupation: _____ Soccer Exp.(yrs): _____ Coaching Exp.(yrs): _____
Player's Medical Conditions, Restrictions or problems: _____
Person to Notify in Case of Emergency: _____ Phone: _____ Relationship: _____
Doctor: _____ Phone: _____

RMSA is supported by volunteers

We ask for your participation. Please check area(s) in which you would like to help.

Coach * _____ Referee* _____ Board Member _____ Age Division Coordinator _____
Asst. Coach* _____ Linesperson* _____ Fund Raising _____ Picture Coordinator _____
Team Mgr _____ Field Set-up _____ Newsletter _____ General Help _____

* Training will be provided Please write name of person(s) volunteering next to position(s) of interest.

Releases and Waivers

I fully understand that there is the possibility of serious injury associated with the sport of soccer. I hereby release, discharge and/or otherwise indemnify the Rocky Mountain Soccer Academy, and the Rocky Mountain Soccer Association, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of field and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian: _____ Date: ____/____/____
Name of Parent or Guardian (Print): _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Work Phone: _____

Consent for Medical Treatment

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

Signature of Parent or Guardian: _____ Date: ____/____/____
Name of Parent or Guardian (Print): _____

Declaration

I have read the entire registration form and understand its content. I understand that by signing this form on behalf of my dependant I have given up substantial rights and that I am voluntarily signing it.

Signature of Parent or Guardian: _____ Date: ____/____/____

U-04 \$60.00 per season	U-05, U-06, U-07 \$70.00 per season	U-08, U-09, U-10 \$80.00 per season	U-11, U-12, U-13, U-14, U-15 \$90.00 per season	Option 1 - All ages \$115.00 per season
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CREDIT CARDS ARE ACCEPTED FOR YOUR CONVENIENCE

FOR MORE INFORMATION CALL (303) 617-5858