



Ramapo Valley Soccer Club

www.rvsoccer.org



2010 Fall Recreation League Announcement

We are pleased to announce that registration for our fall recreation league is now open and will run thru **June 30th**. As always, we continue to evaluate the league and make enhancements to provide for a more rewarding experience for you and your child. Complete descriptions of all our programs can be found on our website at: www.rvsoccer.org. Please click the **Leagues** and **Player Development** links shown in the center of the homepage.

Competitive League & Summer Programs also available!!!

If you really enjoy soccer, and are looking for more skill development, then our Competitive League is for you. Beginning today and running thru August 1st, we will be creating our teams for the Fall season. If interested in learning more about this league, please send an email to: info@rvsoccer.org and we will contact you to discuss what this terrific program has to offer.

Looking for some "soccer fun" this Summer? Then check out our Skill Clinics and Mini-Camp. Starting in early July, the clinics runs once a week for an hour while the mini-camp runs for a full week at the end of August. If interested, please visit our website: www.rvsoccer.org, and click the **Player Development** link shown in the center of the homepage.

How to register for Fall League (grades K-6)

Running thru **June 30th**, registration for the Fall Recreation League is now open. You can register by mail using the form on the other side of this flyer or online at our website: www.rvsoccer.org, click the **Registration** link shown on the homepage. To help reduce costs, we offer 2 registration options: 1) if you plan to use your current uniform, and 2) if you are in need of a new uniform.

- **Open Registration:** Open registration closes on **June 30th**. Each child registered by that date will be guaranteed of placement on a team. We will endeavor to place them on a team that has other children from their school or neighborhood. Requests for specific teams or coaches will not be considered.
- **Late Registration:** Late registration runs from **July 1st thru July 31st**. There will be a \$20 handling fee added to the registration due to the extra work created by these registrants. Your child will be guaranteed placement on a team, but may not be placed on a team with other children from their school or neighborhood.
- **Waitlist Registration:** Registrations received after **July 31st**, will be placed on waitlist with no guarantee of being placed on a team. We will contact you during August if we are able to place your child on a team. If confirmed to a team, you will need to mail the late registration form and applicable fee.

Refund Policy: Refunds will be made for cancellation requests received prior to **June 30th**. Requests received after that date may have the monies applied to another available program.

Our leagues are very large and take significant time & volunteers to run. Timely registration benefits everyone and provides for a more enjoyable experience so please register as early as possible.

Regards, Ramapo Valley Soccer Club

Turn page over for Fall Recreation League Registration Form

For questions, please email: registration.fall@rvsoccer.org



Ramapo Valley Soccer Club

Fall Recreation League Registration Form



www.rvsoccer.org

Registration Options	Registering by <u>June 30th</u>	Registering by <u>July 31st</u>
Using Current Uniform	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
Requesting New Uniform	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120

NOTE: All registrations receive after July 31st, will be placed on a waitlist and handled on a best-effort basis.

PLAYER & PARENT / GUARDIAN INFORMATION:	
PLAYER'S NAME _____	HOME PHONE (Father) _____
DATE OF BIRTH _____ GENDER _____	HOME PHONE (Mother) _____
GRADE (as of Sept 2010) _____	CELL PHONE (Father) _____
SCHOOL ATTENDING _____	CELL PHONE (Mother) _____
FATHER/GUARDIAN _____	EMAIL (Mother) _____
MOTHER/GUARDIAN _____	_____
ADDRESS _____	EMAIL (Father) _____
CITY _____ ST _____ ZIP _____	_____

PLAYER EXPERIENCE: NEW PLAYER 1 YEAR 2 YEARS 3 or more YEARS

UNIFORM SIZE INFORMATION: ALREADY HAVE UNIFORM FROM PRIOR RECREATION LEAGUE SESSION
 SHIRT (Youth XS,S,M,L, Adult S,M,L,) _____ SHORTS (Youth XS,S,M,L, Adult S,M,L) _____ SOCKS (S,M,L) _____

EMERGENCY CONTACT INFORMATION:	PRIMARY CARE PHYSICIAN:
NAME _____	NAME _____
PHONE _____	PHONE _____

ALLERGIES & OTHER MEDICAL CONDITIONS:
 NONE KNOWN YES, Please provide details in the following space.

I WOULD LIKE TO VOLUNTEER FOR: (check all that apply): APPLICABLE PARENT: FATHER MOTHER
 COACH ASSISTANT COACH TEAM MANAGER SPECIAL EVENTS LEAGUE OPERATIONS

ANY ADDITIONAL INFORMATION: *(You may make a carpooling request. Requests for a specific team or coach are not considered.)*

PARENT/GUARDIAN APPROVAL & MEDICAL RELEASE:
 I, Parent/Guardian of the above player, hereby give approval for his/her participation in any and all activities during the duration of the program registered for and indicated above. I grant permission to managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the child become ill or injured while participating in league activities away from home or at other times when neither parent/guardian or emergency contact is available to grant authorization for emergency treatment. I understand Ramapo Valley Soccer Club (RVSC), organizers, sponsors, supervisors are in no way responsible for an accident or injury that might occur before, during or after any practice and or games to any person; and do hereby waive, release, absolve, indemnify and agree to hold harmless the RVSC organization, league officials, supervisors, participants, sponsors, and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability held by the local league. RVSC insurance is a secondary policy and has a deductible that must be covered by the parent or guardian.

SIGNATURE: _____ RELATIONSHIP TO PLAYER: _____ DATE: _____

Please mail completed form & payment to:

Ramapo Valley Soccer Club Attention: Fall Registration P.O. Box 57 Suffern, NY 10901	<ul style="list-style-type: none"> • Please make check payable to: Ramapo Valley Soccer Club • Please do not send cash or money order • For questions, please: Email: registration.fall@rvsoccer.org
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