

# **Fall Recreation SOCCER 2010, ROSO S.C.**

ROSO Soccer Club / Registration Form  
Please **make checks payable to TCCA** (\$55.00 per player)

Parent / Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ **\*\*\*(VERY IMPORTANT)\*\*\***

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE CIRCLE ONE** if you can: I will volunteer to help as a **(coach), (assist. Coach), (referee), (volunteer)**

<b>Players Full name</b>	<b>date of birth</b>	<b>Grade</b>	<b>Boy or Girl</b>	<b>Cost</b>
			<b>TOTAL</b>	<b>\$</b>

I understand that there are risks of physical injury inherent in participating in sports and recreation activities. I am aware of the particular risks involved with the program and have considered this risk before registering my child / children or myself. I hereby release the ROSO S.C., its employees, volunteers, and agents from any liability or personal injury, or loss or damage of personal property, which my child or I may experience in connection with activities sponsored by the ROSO S.C. I hereby consent to any medical procedures, including transportation to a medical facility, for my child in the event I cannot be reached and my child has sustained an injury.

I hereby consent to the use of my or my child's photo, video, etc., by ROSO S.C. for flyers, presentations, etc. Refunds granted if program is canceled or if requested before the first game, unless otherwise stated. Please be advised this program is on a first come first serve basis. The number of participants is limited.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*REGISTRATIONS NEED TO BE TURNED INTO TCCA ATHLETIC DEPARTMENT BY JUNE 26, 2010.\*\***