

NRUSA Rec Registration Spring 2010

Personal Information (Please PRINT clearly and circle the appropriate answers.)

Player's Name: _____			Sex (circle): F M				
Last	First	MI	Date of Birth: _____				
Parent(s) or Guardian(s): _____							
Address: _____							
Primary Phone (home/cell?): _____			Secondary Phone(home/cell?): _____				
Primary Email (PRINT CLEARLY): _____			Secondary Email (PRINT CLEARLY): _____				
School player attends: _____				Grade in Fall 2009: _____			
Age Group (circle one):		K	U7	U8	U10	U12	U18
Division Preference (circle one):		Coed		Girls			
Preferred Coach OR Friend/Teammate: _____							

Volunteer Information (Please circle areas you are willing to assist with below.)

Coach	Assistant Coach	Team Parent	Field Lining	Fundraising	Other:
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Emergency Information

In case of emergency, contact the following individuals (parents will always be contacted first):			
Name	Relationship	Home phone	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
Insurance Information:			
	Company Name	Policy Holder	Policy Number
	_____	_____	_____
Medical Conditions/Allergies: _____			

Mandatory Waiver (Be sure to sign and date before returning form)

I hereby grant permission for my child to participate in the New River United Soccer Association (NRUSA) Academy Program. I realize that, by participating in this soccer program, my child may be accidentally injured. I hereby certify that he/she has no medical problems that could be aggravated by playing soccer. I hereby waive and release the NRUSA, Inc., its representatives, its assignees, its successors and/or the Town of Blacksburg, Town of Christiansburg, Montgomery County and Montgomery County Public School System from any and all claims I may make for any and all injuries suffered by my child due to his/her participation in the activities of this League or of the NRUSA, Inc. I hereby give my permission for a representative of the NRUSA to procure immediate medical attention in the case of a medical emergency. I further understand that as the legal representative of my child, I will be responsible for any and all costs associated with the medical attention including but not limited to ambulance, emergency room, doctor's fees and treatment costs.

Parent's Signature _____ Date _____

I have read and understand the NRUSA Player & Parent Code of Conduct Policy. Two signatures are required, player and one parent/guardian. The parent/guardian signing has the responsibility of sharing these CONDUCT CODE policies with anyone appointed responsible for their child at soccer-related activities.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please return this form with check or money order for \$65/player (\$50 for Kindergarten)

Deadline for Registration is February 12 (received in office) with no late fee. \$15 late fee from February 13-17.

NOTE: After February 17, your player will be put on a waiting list. Your player may or may not be added to a team depending on availability of coaches, fields, and the number of other players in that division.

Please send completed form with payment to:

NRUSA Rec Program, 2890 N. Franklin Street, Ste. D, Christiansburg, VA 24073