



FRONT ROYAL SOCCER ASSOCIATION - SPRING 2012



REGISTRATION DEADLINE: February 24, 2012

Please mail registration form with payment to:

FRSA REGISTRAR, PO BOX 471, Front Royal, VA 22630

Information Hotline: 540-636-2966 www.frontroyalsoccer.com

PLAYER INFORMATION: ***Please provide a copy of the birth certificate for players new to FRSA.***	
Player Name: _____	Circle: Male Female
Player Date of Birth: _____	Birth date Verified: _____
Spring 2012 Division of Play (Chart on Back): _____	
Street Address: _____	Phone: _____
Last Team: _____	
Skill Level: (Please Circle) Beginner Intermediate Advanced	
Jersey Size: (Please Circle) YS YM YL YXL AS AM AL AXL AXXL	
PLEASE NOTE- JERSEY SIZES ARE NOT GUARANTEED	

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Phone/Cell: _____	Phone/Cell: _____
E-Mail: _____	E-Mail: _____

**Please check below if interested in volunteering. FRSA is run completely by volunteers.
Per VYSA KidSafe policy, all volunteers will be subjected to a criminal background check.**

Parent/Guardian #1	Parent/Guardian #2
Coach Assistant Coach Other	Coach Assistant Coach Other

Medical/Health Problems: _____

Medication taken on a daily basis: _____

Insurance: _____ Policy #: _____

If we, the Parent/Guardian should not be available in case of an emergency, please contact:

Name: _____ Phone: _____

Doctor: _____ Phone: _____

FRSA Hold Harmless Agreement/Medical Release

By signing your child(ren) up to play soccer with the Front Royal Soccer Association (henceforth referred to as FRSA), you are giving your approval for the named participant(s) to participate in any and all FRSA sponsored activities during the current season. You are also agreeing that you understand that soccer can result in minor to severe injuries, and you agree that all medical and related expenses are the responsibility of the participant(s) family, guardians, or trustees. You also agree to assume all the risks and hazards incidental to the conduct of activities and transportation to and from activities. Finally, you agree to hold harmless FRSA, it's officers, sponsors, and any supervisors appointed by them.

By signing your child(ren) up to play soccer with FRSA, you are agreeing that in the case of a medical emergency involving your child, FRSA may seek qualified medical treatment for your child at a medical facility, furthermore, you are agreeing that the staff of said facility may order hospitalization, injections, anesthesia, or surgery as needed by your child.

Parent/Guardian Signature

Date

(OVER)

Player's Name: _____

Date of Birth: _____

Please check the division according to the child's birth date. All girls divisions will be formed in the U10 division and higher if registration numbers allow. Otherwise teams will be co-ed. All move up requests must be approved by the Division Commissioner.

Check One	Division	Born Between	Co-Ed	Girls
<input type="checkbox"/>	Kiddie Kickers	8/1/06-9/30/07 - Instructional	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U6	8/1/05-9/30/06	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U8	8/1/03-9/30/05	<input type="checkbox"/>	N/A
			Boys	Girls
<input type="checkbox"/>	U10	8/1/01-9/30/03	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	U-13	8/1/98-09/30/01	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SRC (U-19)	8/1/93-9/30/98	<input type="checkbox"/>	<input type="checkbox"/>

FEE SCHEDULE:

Select One	Spring 2012 Registration Fee (\$60 per player)	_____
	Additional Sibling Fee (\$50 per player)	_____
Additional	Late Fee (\$25 if postmarked after February 24, 2012)	_____
	A \$25 donation to FRSA to help fund operation costs would be greatly appreciated. FRSA is a non profit 501 (c)(3) corporation. All donations are tax deductible to the full extent allowable by law.	_____
	Total for this player:	_____

Comments:

LEAGUE USE ONLY:

Date	_____
Received By	_____
Amount	_____
Check #	_____ Cash: _____

FRSA Comments:

