

# USYSA Membership Form

## RC Rage Soccer Association

6587 Aspen Circle  
Red Creek, New York 13143  
[WWW.RCRAGE.Org](http://WWW.RCRAGE.Org)

FOR CLUB USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE//CORRECTION

ID # \_\_\_\_\_

**Please bring this completed form to your coach, with a copy of your birth certificate and a 1 1/2" X 2 1/2" photo & payment. If any questions call Rob Reese @ 754-6334, Pam Knox @ 754-6287, or Howard Drake @ 754-6200**

### OFFICIAL USE ONLY

League Name \_\_\_\_\_ Group \_\_\_\_\_ Div. \_\_\_\_\_ 2010 Fees: \_\_\_\_\_

**U-14 and under \$70 / \$30**  
**U15 and over \$80 / \$30**

Club/Team Name(s) **RC RAGE SOCCER ASSOCIATION**

(USE CODE ONLY) **1A** **NY** **003** **010** **#374** \_\_\_\_\_  
Region State District League Club Team Recreational -R  
Competitive - C

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area code \_\_\_\_\_ Telephone \_\_\_\_\_  
month day year  
Birth date

Male = M Coach=C Coach's  
Female =F Player=P License Level

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Email address 1 \_\_\_\_\_ Email address 2 \_\_\_\_\_

Prior Number of Seasons Played \_\_\_\_\_ Team \_\_\_\_\_ League \_\_\_\_\_ Last Season \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Uniform Sizes (Socks Included)

**YOUTH** **ADULT**  
JERSEY XS S M L XL JERSEY XS S M L XL  
SHORTS XS S M L XL SHORTS XS S M L XL

### PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help

- Coach  Asst. Coach  Committee  Referee  Clerical
- Fund Raising  Team Parent  Special Projects
- Field Preparation  Newsletter  Board Member
- Concessions  Publicity  Donor  Other \_\_\_\_\_

Parent Name \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

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

X \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature of Parent or Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Other Children From Family Presently in League

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### Payments and Player's Accounts

**Check the appropriate**

- 1- I want my fees to be taken from my account
- 2- I will be paying by check, # \_\_\_\_\_
- 3- I will be paying by cash

Signature \_\_\_\_\_

Date \_\_\_\_\_