



RASA RECREATIONAL SOCCER

FALL 2019 ~ SPRING 2020 REGISTRATION

RACINE AREA SOCCER ASSOCIATION
 PO Box 370 Franksville, WI 53126
 www.racinesoccer.com

2019/2020 Y REC
office use:

PLAYER Last Name _____ First Name: _____

Gender Boy Girl School _____ Grade (Fall '19) _____

Player's Birthday: _____

PARENT 1 Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Relationship to Child _____

***Email is RASA's main method of communication. Please provide an active email address that is checked regularly*

Volunteer to Coach Child's Team? Yes No ** RASA is a Volunteer Organization and depends on parents to coach the teams.*

PARENT 2 Last Name _____ First Name _____

Cell Phone _____ Email _____

Volunteer to Coach Child's Team? Yes No Relationship to Child _____

Has your child played soccer before? _____ With which Organization? _____

If you child has played RASA, what was their Team name? _____

Do you want: same team different team more competitive less competitive

Team or Teammate Request _____

***REQUESTS ARE NOT GUARANTEED* ONE REQUEST ONLY**

PROGRAM	BIRTH YEAR or GRADE	Select Small & Speedy Session	FEE	TOTAL
U4 Small & Speedy	born in 2016	Tues Thurs Sat9 Sat10	\$110	
U5	born in 2015	COED	\$120	
U6	born in 2014	COED	\$120	
U7	born in 2013	COED	\$120	
U8	1st & 2nd / between 8/1/2011 and 12/31/2012	COED	\$120	
U9	3rd	NA	\$130	
U10	4th	NA	\$130	
U11	5th	NA	\$130	
U12	6th	NA	\$130	
U13	7th	NA	\$130	
U14	8th	NA	\$130	
Registration Payment Processing Fee - Must be added to all registrations			\$5	

2019-2020 RECREATIONAL SOCCER REGISTRATION (continued)

REQUEST TO HAVE YOUR CHILD PLAY UP AN AGE GROUP

Requests to play up are not guaranteed. Decisions are based on the child's date of birth and availability in the age division. Reason for Request to Play Up: _____

GIRLS WISHING TO PLAY IN NON-COED (BOYS) DIVISION

Girls wishing to play in the non-coed division (boys division) require club approval. Requests are not guarantees and are dependent on player's date of birth and availability in the age division.

TEAM and TEAMMATE REQUESTS

REQUESTS ARE NOT GUARANTEED. Return to the same team requests must be received by Jun 9th. All Requests after June 9th are treated as first come first served. Requests will not be honored after July 16th.

REFUND POLICY

Cancellation of Registration must be submitted in writing and emailed to carissawentorf@rasasoccer.com or mailed to RASA, PO Box 370 Franksville, WI 53126. If emailed, cancellation requests must be made by the dates below. If mailed to the PO Box, request needs to be post marked by the dates below.

ON OR BEFORE AUGUST 15th: Registration Fee minus \$35 Service Fee

Service Fees are fees RASA has incurred from state, insurance, and uniform

AFTER AUGUST 15th: NO REFUNDS

If a team is disbanded due to lack of parent participation to volunteer to coach, players will be distributed amongst other teams within age division. Refunds will ONLY be issued if RASA is unable to find available space on existing teams for the players.

CREDIT CARD PAYMENT INFORMATION

Name on card: _____ Card Type Visa MasterCard
Card # _____ Exp Date _____ / _____ 3 digit code _____
Signature _____ from back of card

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

Medical Conditions and Concerns _____
Doctor _____ Phone _____
Insurance Co _____ Policy # _____
Emergency Contact _____ Phone _____

Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature: _____ Date: _____