



# Rochester Juniors Soccer Club

2019 Season

Website: [www.rochesterjuniors.soccer](http://www.rochesterjuniors.soccer)

**Registration:** Please complete the registration below. A parent or guardian must sign the Liability Release and Medical Treatment Consent. Your registration fee covers the cost of insurance, field equipment and a uniform shirt.

**Program Fee \$40, Early Bird Fee \$35** (before March 31), **Late Fee** add additional \$10 (after April 30)

Make check or money order payable to: *Rochester Juniors Soccer Club* Cash may be sent, but risky.

**MAIL TO >** Attn: Tony Dellelo **Rochester Juniors Soccer Club P.O. Box 18516 Rochester, NY 14618**  
*Schools do not collect the registrations*

**PLEASE PRINT** all entries and sign the form at the bottom

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ What Grade (1-6): \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Boy \_\_\_\_ Girl \_\_\_\_ Child's shirt size (**circle one**): Youth Small / YM / YL \* \* \* Adult Small / AM / AL / AXL

**Other Concerns:** (asthma, allergies, etc.) \_\_\_\_\_

**Special Requests:** (we try to honor these) be grouped with a Friend/Coach, other \_\_\_\_\_

Parent(s) \_\_\_\_: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian \_\_\_\_: \_\_\_\_\_ Relationship: \_\_\_\_\_

Can you receive a text message? : Yes \_\_\_\_ No \_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Person to contact in an emergency, **other than Parent/Guardian**:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteers are essential to the club's success**, whether it be coaching a small group of players, showing some practice routines, referee a game, help plan the 'end of season' picnic or **help run the club**. Please be generous with your time, **no experience required**, just a desire to encourage the players to do their best. I can help with \_\_\_\_\_

## **Liability Release and Medical Treatment Consent:**

I, the undersigned, parent/guardian of the minor listed above, do for ourselves, executors, administrators, heirs, agree to hold harmless and indemnify the Rochester Juniors Soccer Club, its officers, coaches, referees, and managers for any claims that might be asserted by us or our child as a participant in the game of soccer. I do hereby authorize the officer, leader or coach for the Rochester Juniors Soccer Club, to transport as required the above minor to and from association sponsored activities including, but not limited to, athletic and social events.

I hereby give my consent for emergency medical care, prescribed by a duly licensed Doctor of Medicine. The care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

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