

Rip Van Winkle Travel Soccer Club Payment Sheet

Player's Name: _____
 Contact Number: _____
 E-mail: _____

Mail check or cash to
 PO Box 186
 Cairo, NY 12413

- You must complete the online registration process by following the link provided, which includes uploading a picture, a birth certificate, US Youth Soccer medical release form and a Covid-19 waiver to be added to a roster.

Consent for Medical Treatment in Absence of Parent or Guardian:

As the parent or legal guardian of the above-named player, I hereby give my 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.

Signature of Parent/Guardian: _____ Date: _____

Consent to Participate in Soccer

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian: _____ Date: _____

REGISTRATION FEES FOR THE FOLLOWING SEASONS: (please indicate by circling season and sizes)

SPRING TRAVEL	UNIFORM KIT	FALL TRAVEL
8U, 10U, 12U \$115.00	\$45.00	8U, 10U, 12U \$90.00
14U, 16U, 17U \$145.00	YS, YM, YL AS, AM, AL, AXL	14U \$95.00

Summer Rec	T-shirt size (free)	Fall Academy
\$40.00 per player	YS, YM, YL AS, AM, AL, AXL	\$40.00 per player
\$15.00 discount for families with 3 players in the same household (\$105.00)		

OFFICE USE ONLY

TAP: _____ Check # _____ Cash _____ Reg. _____ Uniform _____ Owe: _____