Ramsey Soccer Association
2020 Kinderkickers & Squirts Registration Form
www.Ramseysoccer.com

PLAYERS NAME: _____ _____
Last *First*

PARENTS: _____ _____
Parent #1 *Parent #2*

ADDRESS: _____

DATE OF BIRTH: ____/____/____ M / F TELEPHONE # _____

E-MAIL ADDRESS: _____
Required - Please Print Clearly- Parent #1

FALL 2020 GRADE KINDERGARDERN PRE -K

TEE-SHIRT SIZE: YS YM
Circle One

Fee Schedule:		
Registration Fee	$ 65.00	
KK / Squirt Soccer Package		
- Size 3 Ball, Socks, Water Bottle	$ 25.00	
RSA Scholarship Fund	$ 5.00	_____
Check # _____	Total	$ _____

Please mail registrations to: Ramsey Soccer Association (RSA), PO Box 828, Ramsey NJ 07446

VOLUNTEERS:

The RSA is run solely by volunteers. For a successful season, all families must volunteer in one of the following areas *(please mark "X" next to areas of interest):*

Name of Volunteer (s) : _____ & _____

I would like to be a part of the Kinderkickers Organization Team ☐

KK Facilitator/Coach _____ Field Crew _____ Equipment _____

Ramsey Day _____ Where Needed _____

☐ I am unable to volunteer at this time. I would prefer to pay a $50 fee to RSA instead.

VOLUNTEER'S E-MAIL ADDRESS: _____
Required - Please Print Clearly

Parental Consent / Medical Release

* I understand that there are certain risks inherent in the practice and play of soccer, as well as in traveling and other related activities to my child's participation in this sport. I am willing to assume these risks on my child's behalf.
* I hereby certify that my child is fully capable of participating in the game of soccer. I hereby certify that my child is healthy and has no physical disabilities or infirmities that would restrict full participation in these activities except for the ones listed below.
* As a parent or legal guardian of the child named above, I give my full consent for my child to participate as a member of an RSA team.
* I hereby waive, release and hold harmless the Ramsey Soccer Association, its officers, coaches, sponsors, and representatives for any injury my child may suffer in the normal course of participating in the game of soccer regardless of cause.
* If the situation arises that my child is injured and I am not in attendance, I authorize the Ramsey Soccer Association coaching staff to act as my surrogate in obtaining emergency medical and/or dental treatment for my child. I will assume all financial responsibility for any such treatment rendered to my child.

Physical Limitations (Allergies, Asthma, Sight, etc.) _____