

RAVENSWOOD YOUTH ATHLETIC ASSOCIATION

2379 Dumbarton Ave. • East Palo Alto • CA • 94303 • (650) 331-0382 • <http://www.ryaa.org>



Registration Form for Recreational Soccer

First Name/Nombre		Last Name/Apellido	
Address/ Dirección			Apt.
City/Ciudad		Zip	Home Phone#/ Teléfono
Player Cell Phone #	Player Email Address		

Birthdate/ Fecha de Nacimiento		Experience/Experiencia yrs./años	
School/Escuela		Grade	Gender/Sexo M <input type="checkbox"/> F <input type="checkbox"/>
Church/Iglesia		Friends/Relatives on same team	
Shirt Size XS YS YM YL AS AM AL XL 2X 3X			

Emergency and Medical Information

Emergency Contact (not living with child)/Contacto de Emergencia (no viviendo con ustedes)		Emergency Contact Phone #/Teléfono
Disabilities, handicaps, allergies to medication, current injuries, etc. / desventajas, alergias a la medicación, lesiones, etc.:		

Father/Padre

First Name/Nombre		Last Name/Apellido		Home Phone/Teléfono en casa		Cell Phone	
Work Phone/Telefono de trabajo		Email		Volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:			

Mother/Madre

First Name/Nombre		Last Name/Apellido		Home Phone/Teléfono en casa		Cell Phone	
Work Phone/Telefono de trabajo		Email		Volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:			

Payment/Pago - \$50 (\$40 if before June 1, 2011)

Payment method <input type="checkbox"/> Cash/Efectivo <input type="checkbox"/> Check/Cheque # _____ <input type="checkbox"/> Work – to –Play/Trabajar (Check jobs below)	
Work-to-Play Job <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Setup/Instalación <input type="checkbox"/> Cleanup/Limpieza <input type="checkbox"/> Other _____	

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other RYAA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

CONSENT TO USE PHOTOGRAPHS AND VIDEOS: I, the undersigned parent or legal guardian, consent to the use of photographs and videos of my child by the RYAA for promotional purposes, and without compensation.

ASSUMPTION OF RISK AND WAIVER: In consideration of being allowed to participate in the Ravenswood Youth Athletic League (RYAA) athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, discharge and hold harmless the Ravenswood Youth Athletic Association, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

I have read the above statements, I understand that I and the above player have given up substantial rights by signing this form and agreeing to these terms, and I agree to these terms freely and without inducement.

Parent Signature: _____

Date: _____

For Office Use Only		
DOB	Check #	Amount