



Youth Outdoor Soccer

River Soccer Club

32221 Gum Road
Frankford, DE 19945

Registration Deadline is March 15, 2017

Practices begin March 27, 2017

Games begin April 1, 2017

Ages 3 to 16

(NO high school players)

\$75 per player

(reduced rate for 3 or more players)

Age Groups

*Under 5 Soccer Hoppers: 2 four week sessions (limited to 40 Players each session)
Register for one or both sessions! \$50.00 per player, per session \$75.00 for both*

Under 6 Soccer Kickers: 3v3 coed soccer on small field

U8 Boys 5v5 soccer

U8 Girls 5v5 soccer

U10 Boys 7v7soccer

U10 Girls 7v7soccer

U12 Boys 7v7soccer

U12 Girls 7v7Soccer

U14 Boys 9v9Soccer

U14 Girls 9v9 Soccer

U16 Boys 11v11 soccer (new age group)

Registration is limited so you must register in advance !

Please bring completed form to the registration site listed below

OR register online at www.riversoccerclub.com

Registration will be held:

Feb18 at John M. Clayton Elementary School from 10-12

March 15 River Soccer Complex—6pm– 7pm

For more information contact:

Rob Engel @ 302-436-2963 or email rscrec@mchsi.com

Registration Deadline is March 15, 2017

River Soccer Club Outdoor Soccer Registration Form

Shin guards are mandatory. Soccer cleats recommended. Each player must have their own ball.

Player Information (please print)

First Name:	Last Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:		Date of Birth:	
City:	State:	Year of Birth:	
Zip:		Grade (during season):	
School:		Did player participate last season? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shirt Size:	<input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Youth Large (12-14) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Youth Medium(10-12) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Large		

Please check the box that best describes your player's experience & ability:

No experience-beginner
 Some experience/good skills
 Travel Player
 Little experience/fair skills
 Very experienced/very good skills

Volunteer Information ****Volunteer coaches and assistants are ALWAYS needed****

<input type="checkbox"/> Coach <input type="checkbox"/> Assistant <input type="checkbox"/> Concession Stand	Name:	Phone Number:
---	-------	---------------

Primary Guardian Contact Information (Who will the coach/club contact)

Name:	Home:	Cell:
Email:		

Medical Release Information

My child, _____, has my permission to participate in the River Soccer Club Soccer Program. I hereby assume the risk of all accidents and of all personal injury and any other loss or damage which he/she may suffer while participating in this program. I hereby absolve the River Soccer Club, its officers and Board of Directors, and its coaches, agents, servants, employees and instructors, and other volunteer workers, from all liability of any personal injury, loss or damage that he/she sustains as a result of him/her being injured while participating in the Recreational Soccer Program. I certify that my child is healthy enough to participate in the Youth Soccer Program. I also certify that my child is covered under an accident and health insurance policy which covers his/her participation in this program.

Parent Name (Printed):	Signature:
Date:	

Due to the high number of registrants, we can no longer accommodate team or coach requests!

Mail Registrations to:
 Rob Engel
 6 Crowning Court
 Selbyville, DE 19975

Email: rsrec@mchsi.com
 Website: www.riversoccerclub.com

For Office Use Only: Cash Payment: _____ Check Payment: _____ Age Group: _____