

# PLEASANTON RAGE GIRLS SOCCER ASSOCIATION 2010-2011 PLAYER INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Returning  New

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_ WK/Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_ WK/Cell \_\_\_\_\_

Are you willing to coach?  **yes** Will you co-coach?  **yes** Would you like information about becoming a referee?  **yes**  
*Please Print Clearly*

School Next Fall \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ Mother's month and day of birth (mm/dd) \_\_\_\_\_

Desired Level Of Play **Recreational (Division 4)**  **Competitive (Division 1-3)**  **Rage Flight**

Interested In Playing (Check All That Apply)  Field Player  Goal Keeper

Experience: No. Of Years Played \_\_\_\_\_ Year Last Played \_\_\_\_\_ Division Last Played \_\_\_\_\_ Age Group Last Fall \_\_\_\_\_

List any medical conditions player has: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### IMPORTANT

I, the parent/guardian of the above-named player, a minor, or as a player over the age of 18, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations (USYS Parties), and the California Youth Soccer Association, Inc. (CYSA) and its affiliated organizations (CYSA Parties). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitations, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture, and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: \_\_\_\_\_  
Print Name of Parent/Guardian/Player Over 18 Years of Age

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give 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 the above named player.

Signature of Parent/Guardian/Player Over 18 Years of Age

**X** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Bus. \_\_\_\_\_

### Fees

Registration Fee (U5-U7).....	\$245.00
Registration Fee (U8-U19).....	\$265.00
Additional Player discount .....	(\$50.00)
RAGE Flight Fee.....	\$125.00
Out of Town Fee.....	\$50.00
Returned Check Fee.....	\$25.00

### U9&U10 Referee Policy:

*I have read and understand the U9&U10 Recreational Referee Policy on the back of this form. **Initial** \_\_\_\_\_*

### Office Use Only

Registration Fee.....	\$ _____	_____ <small>Sign off</small>
Additional Player.....	\$ _____	_____ <small>Sign off</small>
Out of Town Fee.....	\$ _____	_____ <small>Sign off</small>
<b>Total</b>	<b>\$ _____</b>	
Cash <input type="checkbox"/>	\$ _____	
Check No. _____	\$ _____	

**Refund Policy:** Refund requests must be mailed to the PGSA office or entered in the PGSA web site for processing. All refund requests will incur a \$25 administrative fee. Exceptions to the refund policy must be approved by the Executive Committee on a case-by-case basis.  
*I have read and understand the refund policy on the back of this page Initial \_\_\_\_\_*

### Office Use Only

### Age Group (circle one)

U5/6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19
8/1/04	8/1/03-	8/1/02-	8/1/01-	8/1/00-	8/1/99-	8/1/98-	8/1/97-	8/1/96-	8/1/95-	8/1/94	8/1/93-	8/1/92-	8/1/91-
7/31/06	7/31/04	7/31/03	7/31/02	7/31/01	7/31/00	7/31/99	7/31/98	7/31/97	7/31/96	7/31/95	7/31/94	7/31/93	7/31/92

## **U9&U10 Referee Requirement**

Beginning in the Fall of 2008 all U9 and U10 recreational teams will be required to provide three (3) grade 9\* referees for the fall soccer season. PGSA will reimburse referee volunteers for the grade 9 course and the referee kit (uniform).

\*see <http://www.pleasantonsoccer.org/psra/index.asp> for more information

## **2010-2011 Registration Refund Policy**

Player's circumstances may change between registration in the spring and the start of the soccer season in the fall. Injuries, family moves, or just a change in heart or circumstance are a few of the drivers of change. Because the Club incurs costs triggered by registration (administrative, equipment, staff, etc.) that increase over time, your refund amount will be reduced the longer you wait to apply for the refund. In addition, every refund request will incur a \$25 administrative fee that will be deducted from the original amount.

The following are the cut-off dates and percentage of registration amount returned:

From Registration thru May 31 <sup>st</sup>	100% less admin fee
From June 1 <sup>st</sup> thru July 5 <sup>th</sup>	50%
From July 6 <sup>th</sup> onwards	No refunds

Refund requests must be mailed to PGSA, PO Box 885, 94566 or entered on the PGSA web site using the refund form, [www.pleasantonrage.org](http://www.pleasantonrage.org). Informing your coach or a board member is not sufficient. Please include your mailing address, original amount paid, and daughter's name and age group.

## **Rage Volunteer Program**

The Pleasanton RAGE Soccer Club serves our youth through the dedication of literally hundreds of adult volunteers. As a result, our daughters enjoy a rich and rewarding soccer experience. With this in mind, we are continuously in need of assistance throughout most of the year. To fulfill this need, the club has a Volunteer Program. In recognition of your volunteer effort, the club will reimburse you \$25 upon receipt of the appropriate form. Alternatively, you may request a letter to include with your tax filings if you would like to make this a contribution to our program.

Club Volunteer Positions	
Rage Board Member	Coach
Rage Board Committee Member	Assistant Coach
Age Group Coordinator	Special Board Appointment
Referee (4 game minimum)	
Individual Volunteer Activities	
Registration	Opening Day Parade
Field Sweeping	Spring Soccer
Pasta Dinner	Back Office Support
Volunteer Activity Coordinator	Team Placement Support
Other: contact Sharol, <a href="mailto:KAALAPERRY@COMCAST.NET">KAALAPERRY@COMCAST.NET</a>	

Club volunteer positions usually involve at least 12 hours over a longer period. Individual volunteer activities can entail up to 4 hours for a limited time. These service jobs are fun and create camaraderie among the many soccer parents. Once you have completed your volunteer work, you submit the Volunteer Reimbursement Form to the Volunteer Director, Sharol Cheney.

**Note:** individual team responsibilities (such as publicity, treasurer, snacks, etc.) do not qualify for reimbursement.

If you have any questions regarding the Rage Volunteer Program, please contact Sharol at 462-1639 or 417-0184 OR [Kaalaperry@COMCAST.NET](mailto:Kaalaperry@COMCAST.NET) For additional information, visit [http://www.pleasantonrage.org/pgsa\\_vol.htm](http://www.pleasantonrage.org/pgsa_vol.htm).

