



P.O Box 10061, Rochester, NY 1410
 www.riverflowsoccer.org

1. Name and Birth Date	2. Address and Phone #	Player Number	Position
Exactly as it appears on proof of age: Last Name: _____ First Name: _____ Middle Initial: _____ Birth date: _____ Home Country: _____ Boys Girls	Street: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____	#	
		5. Jersey Size (circle)	5. Short Size (circle)
		Small	Small
		Medium	Medium
		Large	Large
		X-Large	X-Large

7. Parents/Guardian	Father	Mother
Name:		
Address:		
Home Phone:		
Cell Phone:		
E-mail:		

8. Parent Consent:

I give permission for my child, named above, to participate in the River Flow Soccer Club Inc., programs. I, the parent/guardian of the registrant, a minor, agree to abide by the rules of the RFSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the RFSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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.

I hereby consent to and authorize the use and reproduction by the club, or anyone authorized by the club, of any and all photography, still or in motion, and/or all audio recordings in which this player appears. I acknowledge that we will not be paid compensation for any reproduction of these materials. All negatives, prints and audiotapes are the club's property. I hereby certify that I am the parent or guardian of the player named above, and I give my consent without reservation.

Parent/Guardian Signature _____ Date ____/____/____

