



§ INDOOR SOCCER ~ 2010 §
ATTENTION: GRADES 2, 3, 4, 5, 6, 7 & 8
ONLINE REGISTRATION AVAILABLE AT
www.redriversoccer.org



1. REGISTER IMMEDIATELY. SPACE LIMITED.
2. RED RIVER SOCCER RESERVES THE RIGHT TO LIMIT TEAMS BASED ON AVAILABLE PLAYING SPACE.
3. GRADES MAY BE COMBINED, I.E., GIRLS 3 & 4. GRADE 2 BOY & GIRL COMBINATION TEAMS (COED).
4. BEGINS **JANUARY 25, 2010. GAME DAYS— MONDAY, TUESDAY, THURSDAY AND FRIDAY.**
GAME TIMES: 5:40, 6:45 & 7:55. FRIDAY GAMES WILL HAVE A 9:00 TIME SLOT ALSO.
5. COACH WILL NOTIFY PLAYERS OF FIRST GAME DAY. SCHEDULES AVAILABLE FIRST GAME DAY.
6. 7 WEEK SESSION. NO PRACTICE. (TIME/SPACE NOT AVAILABLE.).
7. TENTATIVE SCHEDULE: MON: COED 5-6 & 7-8; TUES: COED 2, GIRLS 7, 8; THURS: COED 3, 4, 5& 6; FRI: GIRLS 3,4,5,6.
8. **FEE: \$60.00**
9. **FEE MUST BE SENT IN WITH FORM. MAKE CHECK PAYABLE TO RRSC.**
9. **DEADLINE: DECEMBER 10, 2009.**
10. LOCATION: METRO REC CENTER, 3110 MAIN AVENUE, FARGO.
11. PLAYERS WILL BE RANDOMLY PLACED ON TEAMS. ROSTER WILL VARY FROM OUTDOOR ROSTER.
12. **REGISTER ONLINE AT redriversoccer.org or MAIL TO: RED RIVER SOCCER, 3220 18TH ST S,**
13. **SUITE 8E, FARGO, ND 58104.**
14. **TELEPHONE NUMBER: 701-478-4010.**
15. **NO REFUNDS unless approved by the Recreational Advisory Committee.**

PLEASE KEEP TOP PORTION FOR FUTURE REFERENCE.

IF REGISTRANT CANNOT BE PLACED ON A TEAM, THE FEE WILL BE RETURNED.

NAME _____ **GRADE** _____

ADDRESS _____ **LEAGUE: COED GIRLS**

CITY/ZIP _____ **BIRTH DATE** _____

EMAIL ADDRESS _____

NAME OF ANYONE IN YOUR HOUSEHOLD INTERESTED IN COACHING INDOOR SOCCER? _____

THIS SECTION NEEDS TO BE COMPLETED:

FATHER _____ **MOTHER** _____

HOME PHONE _____ **HOME PHONE** _____

WORK PHONE _____ **WORK PHONE** _____

I UNDERSTAND THAT SOCCER IS A PHYSICAL GAME IN WHICH INJURIES CAN OCCUR. TO INDUCE RED RIVER SOCCER CLUB (RRSC) TO ACCEPT REGISTRATION AND PERMIT MY CHILD'S PARTICIPATION. I, AS A PARENT OR GUARDIAN, HEREBY GIVE MY CONSENT AND AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS RRSC, ITS OFFICIALS, COACHES, OFFICERS AND DIRECTORS FROM ANY CLAIM ARISING OUT OF INJURY TO MY CHILD.

SIGNED _____ DATE _____

IS PLAYER CURRENTLY REGISTERED OR GOING TO REGISTER TO PLAY TRAVELING/COMPETITIVE SOCCER:

YES NO (CIRCLE ONE)