



Soccer Tots League

September 15th – November 8th

Registration Form

Registration Information

- Fee:
\$40 Members (includes shirt & trophy)
\$65 Non- Members (includes shirt & trophy)
- Please, turn in the completed Registration form to the Front Desk by September 5th. Space is limited, sign up early. *No one will be accepted past September 5th.*

Assumption of Risk and Release for _____

In agreeing to have my child participate in a physical activity at the Riverside Wellness and Fitness Center, I affirm that my child's general health is good and that he/she is not adversely affected by exercise. I am aware of the possibility of accidental or other physical injury during exercise programs. In consideration of participating at the Wellness and Fitness Center, I do hereby agree to assume all risks of such injury and will hold harmless from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with any participation in activities arranged by the Riverside Wellness and Fitness Center, Riverside Health System, its employees and staff. The terms herein shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors. I have read the above statement and have agreed to the conditions stated therein and agree to abide by all RWFC policies and rules of conduct.

Parent's Signature: _____ Date: _____

Please, complete the information below and return with payment to the Riverside Wellness and Fitness Center - Peninsula Front Desk! Please, write clearly and legible.

Child's First and Last Name: _____

Are you a member? Yes No Age of Child _____ Date of Birth _____

Best Phone Number to be reached at: _____

Email Address (will be used frequently to provide information): _____

Child's T-shirt size: YXS YS YM

Please, circle all available days/times for practice:

Monday Tuesday Wednesday Thursday 5:15 pm 6:15 pm

Please, indicate if you have a coach preference: _____

We ask parents and spectators to sit on the opposite side of the players and coaches during the games. Please, sign that you are aware of this rule. Thank you. _____

Volunteer Opportunities

- Head Coach**
- Assistant Coach**
- Team Parent**
- I am not interested at this time**

We do place at least two coaches with every team. Your child will be placed on your team. Team Parents are responsible for snack list and sitting with the participants during game time. If you are interested please fill out the information below and turn into the front desk when registering your child. We will do the best to make the accommodations necessary. We only need 2 coaches per team, if we do not have enough coaches, we will be asking for your assistance.

First and Last Name: _____

Are you a member? Yes No

Home phone #: _____ Cell phone #: _____

Email Address: _____

Adult's T-shirt size: AS AM AL AXL