



RAPSA
Rapides & Pineville Soccer Association
PO Box 4046
Pineville, LA 71361
Registration Form

For Staff Use Only
Age Group : _____
Received by: _____
Received date: _____
Amount Received: _____
Check # _____

Last Name: _____ First Name: _____ MI _____ DOB _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ E-mail address: _____ Male _____ Female _____

Father: _____ Work phone: _____ Cell: _____

Mother: _____ Work phone: _____ Cell: _____

School Attending: _____ Grade: _____ Yrs of soccer experience: _____

Previous Coach: _____ Comments: _____



Uniform size REQUIRED – Shirt: _____ Shorts: _____ (Use Youth **S, M, L** or Adult **S, M, L**)

Note that uniforms are purchased in early summer and your child may not get the size specified. This is to help the coach distribute the uniforms with the sizes given him/her. If your child is unusually small or large for their age group, a special order may be necessary.

In Case of Emergency, notify: _____ Phone: _____ Relationship: _____
 (Someone other than parent)

I, the parent / guardian of the registrant, agree and I and the registrant will abide by the rules of this league, The Louisiana Soccer Association and the United States Soccer Federation and its affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the soccer program of R.A.P.S.A., I hereby release, hold harmless and agree to indemnify, this league, the LSA and the USSF, their affiliate organizations and all persons, officers, coaches, and officials, including the owners of the fields and facility used for the program, from any and all liability of every nature, kind, and description as a result of any injuries, hurt or damage sustained by registrant as a result of his/her participation in this soccer program and or being transported to or from the same.

Signature: _____ Date: _____

Parent Volunteer Information

RAPSA is an all volunteer organization. We must have more help if we are going to continue to run a quality program. Please give this serious consideration.

	Coach	Assistant Coach	League Officer	Team Parent	Fundraising	Referee	Concession
Father:	_____	_____	_____	_____	_____	_____	_____
Mother:	_____	_____	_____	_____	_____	_____	_____

Please help us find new team sponsors

Possible New Team Sponsor: _____

Contact Name: _____ Phone # _____

Survey: Will your child participate in other sports or activities during the soccer season? _____ If so, check all that apply:
 Football _____ Fall Baseball / Softball: _____ Basketball _____ Spring Baseball / Softball _____ Other: _____