

# Colorado Rapids Junior Academy Youth Soccer League

The Colorado Rapids Junior Academy is for boys and girls ages 4-10

Participant's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Shirt Size (circle one):            YS      YM      YL      AS      AM      AL      AXL

**Division (check one):**

- Stapleton U6 - \$75**                      Born between August 1, 2003 and July 31, 2005
- Stapleton U8 - \$75**                      Born between August 1, 2001 and July 31, 2003
- Stapleton U10 - \$85**                      Born between August 1, 1999 and July 31, 2001

**Payment Enclosed (Circle one):**      cash      check      money order  
Payments can also be made via credit card online at [www.coloradorapids.com/academy](http://www.coloradorapids.com/academy)

**Did you participate in Junior Academy Fall 2009 season?** ( Yes / No )

**Team Name/Coach:** \_\_\_\_\_

**In order to make the Junior Academy a success, we will be relying on volunteer support. Please indicate in which areas you or family members are available for participation.**

\_\_\_ Coaching    \_\_\_ Site Coordinator    \_\_\_ Referee

Volunteer Shirt Size (circle one):            YL      AS      AM      AL      AXL

I the parent/guardian of the registrant, a minor, agree that I and registrant will abide by the rules of the Colorado Rapids, Colorado Youth Soccer, the United States Youth Soccer Association, and their affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer, and in consideration of above organizations discharge and otherwise indemnify the organizations, the affiliates and sponsors, their employees and associated personnel (whether paid or volunteer) as well as the owners of the 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.

I hereby represent and certify the age of the registrant listed above is correct and the registrant is physically fit to engage in the demanding contact sport of soccer.

I represent that I am the parent or legal guardian of the above-named registrant and that I have read and understood the above statements.

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 my dependent.

**Acknowledged and Agreed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail or deliver to:**

**Colorado Rapids Academy, 6000 Victory Way, Commerce City, CO 80022**

Phone: 303-727-3575 Fax: 303-727-3597 Email: [rapidsacademy@dsgpark.com](mailto:rapidsacademy@dsgpark.com) Website: [www.ColoradoRapids.com/Academy](http://www.ColoradoRapids.com/Academy)