

**New Richmond Soccer Association 2010 Fall Registration** [www.nrsoccer.org](http://www.nrsoccer.org)

Member Club of Clermont Central Soccer Association (CCSA) [www.ccsasoccer.net](http://www.ccsasoccer.net)  
 Founding Member Club of Ohio South Youth Soccer Association (OSYSA) [www.osysa.com](http://www.osysa.com)



**TO REGISTER** mail the following to: **NRSA**  
**P.O. Box 115**  
**New Richmond, OH 45157**

1. Completed Registration Form (Both sides--this form and CCSA medical form)
2. A copy of the player's birth certificate for U6, U7 and first time players
3. Check payable to NRSA for the following:

If postmarked by June 4

First player \$60; \$50 for each additional player in the same family

If postmarked between June 4 and June 11 fees increase

First player \$75; \$65 for each additional player in the same family

No registrations accepted after June 11. Fees must accompany registration. No refunds will be given after August 31, 2010.

This registration fee includes team treats. Your team will not be responsible for paying team treats at home OR away games during regular season. Teams are responsible for team treats during tournaments. **One parent per team is required to cover concession during each home game.**

**In-Person  
 Registration at  
 Beckjord Fields**

**Saturday, May 22  
 Sunday, May 23  
 1:00 PM – 5:00 PM  
 Bring all paperwork  
 and payment**

All home games are played at Beckjord Fields on US Old 52 in New Richmond. Away games may be played in Amelia, Batavia, Bethel, Blanchester, Felicity, Williamsburg, Goshen, and CNE.

Practice begins after August 1. All teams scrimmage for field evaluation August 21. Games begin August 28. Coaches will contact parents regarding practice times and provide game schedule information.

The league accepts male and female players age 4 as of October 1, 2010 through age 14 as of July 1, 2010. Special consideration made for 8<sup>th</sup> grade players. Child must be 4 years old before October 1, 2010 to be eligible to play. All special requests must be submitted in writing to [brianworkman@fuse.net](mailto:brianworkman@fuse.net) prior to July 1, 2010.

**Questions:** Brian Workman, District Rep—739-3012; [brianworkman@fuse.net](mailto:brianworkman@fuse.net)  
 Crissy Stiles, NRSA Vice President—553-0150; [mstiles@hotmail.com](mailto:mstiles@hotmail.com)  
 Elley Powers, NRSA President—553-1933  
 Laurie Olenick, Registration; [laurieole@msn.com](mailto:laurieole@msn.com)

**Please circle the age group in which your child's birthday falls. Teams are formed by these age groupings.**

U-14	U-13	U-12	U-11	U-10	U-9	U-8	U-7	Dribbler (U6)	Not Eligible
8/01/96- 7/31/97	8/01/97- 7/31/98	8/01/98- 7/31/99	8/01/99- 7/31/00	8/01/00- 7/31/01	8/01/01- 7/31/02	8/01/02- 7/31/03	8/01/03- 7/31/04	8/01/04- 10/01/06	After 10/1/06

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

Parent Email \_\_\_\_\_ Phone \_\_\_\_\_

First Time Player?  Yes  No; CCSA/NRSA Fall Coach \_\_\_\_\_

I will coach: Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email (mandatory) \_\_\_\_\_ Age group \_\_\_\_\_ Male Female (circle one)

**Please complete the reverse side of this form or attach separate medical form.** Additional forms at [nrsoccer.org](http://nrsoccer.org)

Paid for by New Richmond Soccer Association

Office Use:

Date Received \_\_\_\_\_ Cash\$ \_\_\_\_\_ Check# \_\_\_\_\_ Amt. \_\_\_\_\_