

# 2018 URICRA SPRING SOCCER REGISTRATION FORM

DEADLINE FOR REGISTRATIONS: FRIDAY, MARCH 2, 2018

NO PLAYERS WILL BE ADDED TO TEAMS AFTER TEAMS ARE PICKED TO INSURE PROPER TEAM NUMBER & TEAM SIZE!!

ONLINE REGISTRATION & ONLINE PAY ARE NOW AVAILABLE AT [www.quickscores.com/uricra](http://www.quickscores.com/uricra). Click on registrations and choose the soccer form.

URICRA now has a Facebook Page. Search for Uricra and like our page. Rainouts and other information will be shared.

**First & Last Name:** \_\_\_\_\_

Gender (circle one) **MALE** **FEMALE**

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Age as of 3/1/2018 \_\_\_\_\_

Shirt Size (Circle One) **YS YM YL AS AM AL AXL A2XL**

Age Division (check box)  14U DOB: 08/01/03-7/31/05 \$45.00  
 12U DOB: 08/01/05-07/31/07 \$45.00  
 10U DOB: 08/01/07-07/31/09 \$45.00



Soccer season is early April - Mid May (6 weeks) - Saturday Mornings

Games are played at Riverdale Junior High School, East Moline, Rock Island, Moline, Orion & Sherrard

**Address, City, State & Zip**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Rideshare- Family Members only: \_\_\_\_\_

**Parent/Guardian #1 Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian #1 CellPhone #** \_\_\_\_\_

**Parent/Guardian #2 Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian #2 CellPhone #** \_\_\_\_\_

**Volunteers are needed to make our organization successful. Please consider & circle one of the following:**

**Coach**      **Asst. Coach**      **Team Manager**      **Soccer Commissioner**  
**Ref/Umpire**      **Board Member**      **Help w/ Special Projects**

\_\_\_\_\_ **Team Sponsor = \$150 per team - Name of Sponsor:** \_\_\_\_\_

**Waiver:**

I certify that my child has insurance coverage for all medical and hospital expenses that might result from an injury during participation in any URICRA activity and do hereby agree to assume all expenses incidental to any injuries and do hold said URICRA, its Board members, and the county harmless.

**Refund Policy:**

Refunds will only be issued in unusual &/or unforeseeable circumstances. A written refund request must be submitted for review and approval to the URICRA Board of Directors. No Refunds will be issued once scheduled games have started.

Would you like to make a donation to provide a scholarship for a needy child?

Scholarship Donation \$ \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**PLEASE MAIL REGISTRATION FORM AND CHECK PAYABLE TO:**

**URICRA, PO BOX 8, PORT BYRON, IL 61275 - DEADLINE IS FRIDAY, MARCH 2.**

OR REGISTER & PAY ONLINE AT [www.quickscores.com/uricra](http://www.quickscores.com/uricra) and click on Registrations.

OR IN PERSON AT PORT BYRON LIBRARY, FEBRUARY 24 10:00 a.m. - 12:00 p.m.

Any questions, please call Jennifer Simpkins at 309-721-5705 or Bobbie Jenkins at 309-236-5480