



Youth Team Registration

Visit us on the web at www.RISEindoor.com Phone: 804-744-4600 Fax: 804-744-0081

Soccer Session:	Youth Teams				Special Request Area:
Winter 8 Game session Plus playoffs	A - Travel/PDP & B - Recreational Leagues		U14 Coed	<input type="checkbox"/> A B	
	U8 Coed	<input type="checkbox"/> B	U14 Girls	<input type="checkbox"/> A B	
	U9 Coed	<input type="checkbox"/> A	U15 Coed	<input type="checkbox"/> A	
	U9 Girls	<input type="checkbox"/> A	U15 Girls	<input type="checkbox"/> A	
Make Checks Payable to: RISE Please mail or hand deliver Team Registration Form and checks to: RISE 2300 Oak Lake Blvd Midlothian, VA 23112	U10 Coed	<input type="checkbox"/> A B	U16 Coed	<input type="checkbox"/> B	
	U10 Girls	<input type="checkbox"/> A B	Coed 16-20	<input type="checkbox"/> A	
	U11 Coed	<input type="checkbox"/> A	H.S. Boys Weekend	<input type="checkbox"/> V JV	
	U11 Girls	<input type="checkbox"/> A	H.S. Girls Weekend	<input type="checkbox"/> V JV	
	U12 Coed	<input type="checkbox"/> A B	H.S. Boys Weekday	<input type="checkbox"/> V JV	
	U12 Girls	<input type="checkbox"/> A B	H.S. Girls Weekday	<input type="checkbox"/> V JV	
U13 Coed	<input type="checkbox"/> A	Travel/PDP and Recreational Leagues will NOT be Combined without team approval!			
U13 Girls	<input type="checkbox"/> A				

Team Name:

Team Captain Information:	Last Name	First	Phone No.	Cell No.
	Email Address			

Team Members						Roster Check														
Name First and last	Phone Number	Jersey Number	Member Age**	RISE Payments	RISE Mem. #	Week														
						1	2	3	4	5	6	7	8	9	10					
1.)																				
2.)																				
3.)																				
4.)																				
5.)																				
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12.)																				
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14.)																				
15.)																				
16.)																				

CHECK-IN

Notes:
 All team members must join and register with the Richmond Indoor Sports Experience.
 Team requirements: 1) Team fees paid in full, 2) Complete Team Roster and 3) All player memberships updated and paid.

PLEASE DO NOT WRITE IN THE AREA BELOW: (OFFICIAL USE ONLY)

Paid in Full:

Deposit Amount: _____	Deposit Form of Payment (circle one):	Check # _____ Cash MC VISA	Deposit Date: _____	Date:	Amount:
Balance Due: _____	Balance Form of Payment (circle one):	Check # _____ Cash MC VISA	Balance Date: _____		