



# SoccerStar

Raleigh Academy of Chinese Language

P.O. Box 50375, Raleigh, NC 27650-6375

<http://www.racl.org>



## 2010 秋季足球班学生报名表 2010 Fall RACL SoccerStar Registration Form

学生姓名 (Chinese) _____ Student Name (English) _____	出生日期 BOD _____/_____/_____ Month Day Year	性别 <input type="checkbox"/> M Gender <input type="checkbox"/> F
Team _____	Coach _____	

Following information is only required for NEW player who has never registered at RACL:

父亲姓名 (Chinese) _____ Father Name (English) _____ 电话 (Phone #) _____ (W) _____ (M) 电子邮箱 (Email address) _____	母亲姓名 (Chinese) _____ Mother Name (English) _____ 电话 (Phone #) _____ (W) _____ (M) 电子邮箱 (Email address) _____
家庭地址 (Address) Street Address _____ City, State, Zip Code _____	家庭电话 (Home Phone) _____
(Optional) Emergency Contact Info Contact Name _____ Phone _____ Player's Physician _____ Phone _____	Medical Condition _____

I request that in my absence the above-named player be admitted to any medical facility for diagnosis and treatment.

I have read and accepted the RACL Soccer Policies and Rules at <http://www.racl.org/soccer/doc/SoccerStarRules.doc>.

我同意并接受洛丽汉语学校的足球规章制度和学生守则。 家长签名 (Parent Signature) \_\_\_\_\_

Volunteer 义务服务选择  Coach  Backup Coach  Team Parent  Special Event When Needed

Please check the box if you are on the RACL e-mail list. 如果你已在RACL通讯网上, 请标注.

☞ Please make check payable to: **Raleigh Academy of Chinese Language**, or **RACL**. On your check, please write the player name and team name. Please also complete the RECEIPT below.

日期 Date _____/_____/2010 Month Day Year	学费 Tuition <input type="checkbox"/> \$70	支票号码 Check No.	收费人 Receiver
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洛丽汉语学校  
Raleigh Academy of Chinese Language  
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收据 RECEIPT		(RACL Tax ID: 58-2190391)		
姓名 (Player Name)	Team/Coach	Amount \$	支票号码 Check No.	收费人 Receiver

训练时间 (Practice Hours): 9:30 a.m. - 11:00 a.m. Sundays

训练地点 (Practice Location): Davis Drive Park, 1610 Davis Drive, Cary, NC 27512