

Pelican Rapids United Soccer Association

Summer Traveling Soccer Registration

Program Overview

Eligibility

- **Girls U12:** Entering 7th–8th grade (Ages 11–12)
- **Boys U14:** Entering 7th–9th grade (Ages 12–14)
- **Girls U16:** Entering 9th–12th grade (Ages 13–16)

Practice Location

All practices will be held at **Thompson Soccer Field**.

Games & Transportation

Evening games are scheduled throughout the season. Coaches will assist with transportation; however, additional parent/guardian support is appreciated as space may be limited.

Registration Fee

- \$25 per player
- Checks payable to **PRUSA**
- Submit completed form to **PRHS Office** or **VES Office**

Important Deadline

- Registration forms must be submitted by **May 20, 2026**



Coaching Staff

- **Rudy Martinez** – (218) 731-1395 | rmartinez@pelicanrapids.k12.mn.us
- **Kate Martinez** – (218) 731-1967 | kmartinez@pelicanrapids.k12.mn.us

Team Communication

Please download the **TeamReach App** for updates on practices and games.

- U12 Girls: Group Code **U12PRUSA** _____
- U14 Boys: Group Code **U14PRUSA** _____
- U16 Girls: Group Code **U16PRUSA** _____

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Schedule

A full practice and game schedule will be provided through the TeamReach App. Please refer to the app regularly for the most up-to-date information.

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5	6
U14 BOYS		PRACTICE 5-6 PM	PRACTICE 6-7 PM	GAME HOSTING IN PR	PRACTICE 5-6 PM		
U12 GIRLS		PRACTICE 6-7 PM	GAME IN HEARTLAND (WALKER)	PRACTICE 6-7 PM	PRACTICE 6-7 PM		
U16 GIRLS		PRACTICE 7-8:30 PM	GAME IN CROOKSTON	PRACTICE 7-8:30 PM	PRACTICE 7-8:30 PM		
	7	8	9	10	11	12	13
U14 BOYS		PRACTICE 5-6 PM	PRACTICE 6-7 PM	GAME IN DL	PRACTICE 5-6 PM		
U12 GIRLS		PRACTICE 6-7 PM	HOSTING GAME IN PR	PRACTICE 6-7 PM	PRACTICE 6-7 PM		
U16 GIRLS		PRACTICE 7-8:30 PM	GAME IN EGF	PRACTICE 7-8:30 PM	PRACTICE 7-8:30 PM		
	14	15	16	17	18	19	20
U14 BOYS		PRACTICE 5-6 PM	PRACTICE 6-7 PM	GAME HOSTING IN PR	PRACTICE 5-6 PM		
U12 GIRLS		PRACTICE 6-7 PM	GAME IN BRAINERD	PRACTICE 6-7 PM	PRACTICE 6-7 PM		
U16 GIRLS		PRACTICE 7-8:30 PM	HOSTING GAME IN PR	PRACTICE 7-8:30 PM	PRACTICE 7-8:30 PM		
	21	22	23	24	25	26	27
U14 BOYS		PRACTICE 5-6 PM	PRACTICE 6-7 PM	GAME IN FERGUS FALLS	PRACTICE 5-6 PM		
U12 GIRLS		PRACTICE 6-7 PM	GAME IN HEARTLAND (WALKER)	PRACTICE 6-7 PM	PRACTICE 6-7 PM		
U16 GIRLS		PRACTICE 7-8:30 PM	GAME IN DL	PRACTICE 7-8:30 PM	PRACTICE 7-8:30 PM		
	28	29	30	July 1	July 2		
U14 BOYS		PRACTICE 5-6 PM	PRACTICE 6-7 PM	GAME IN DETROIT LAKES	PRACTICE 5-6 PM		
U12 GIRLS		PRACTICE 6-7 PM	HOSTING GAME IN PR	PRACTICE 6-7 PM	PRACTICE 6-7 PM		
U16 GIRLS		PRACTICE 7-8:30 PM	GAME IN CROOKSTON	PRACTICE 7-8:30 PM	PRACTICE 7-8:30 PM		

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Team Selection

Please select the appropriate team:

- Girls U12** – 7th & 8th Grade
 - Boys U14** – 7th, 8th, & 9th Grade
 - Girls U16** – 9th–12th Grade
-

Player Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Address:** _____
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Parent/Guardian Information

- **Parent/Guardian Name:** _____
 - **Phone Number:** _____
 - **Parent/Guardian Name (Secondary):** _____
 - **Phone Number (Secondary):** _____
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Medical Information

Please provide the following details to ensure the safety of your child:

1. **Allergies:**

Yes No

If yes, please describe allergy and treatment:

2. **Medical Conditions:**

Yes No

If yes, please describe condition and treatment:

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Parent/Guardian Consent and Medical Release

I acknowledge the risks associated with participation in youth soccer activities. In consideration of participation in the PRUSA soccer program, I consent to my child's involvement and release PRUSA, its affiliated organizations, staff, volunteers, and facility providers from liability for injuries or illness that may occur during participation or transportation.

I confirm that my child is physically able to participate and has received appropriate medical clearance if necessary. I authorize qualified medical personnel to provide emergency care if required and agree to assume financial responsibility for such care.

Parent/Guardian Signature: _____

Date: _____

Club & Medical Release

I agree that my child and I will abide by all rules and guidelines established by PRUSA and its affiliated organizations. I understand the risks of physical activity and release PRUSA and associated personnel from liability related to participation in all program activities, including tournaments and league play.

I authorize program staff to make necessary medical decisions in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____

Consent and Waiver of Injury

I give permission for my child to participate in the PRUSA Summer Traveling Soccer program, including practices, games, and transportation. I understand that PRUSA, Pelican Rapids Schools, and coaching staff are not liable for injuries that may occur during participation or travel.

Parent/Guardian Signature: _____

Date: _____
