



Division:	U6	U8	U10	U11	U14
			City:	W	Hi
			Birth Certificate:	_____	
Payment:			Cash	Check#	_____

**CITY OF WATERFORD  
2008 SOCCER REGISTRATION FORM  
REGISTRATION FEE \$45.00**

**\$5.00 off each additional immediate family member.  
REGISTRATION FEE AFTER MAY 30th = \$ 50.00 DEADLINE JUNE 30th  
AGES 4-13 (up to 8<sup>th</sup> Grade)  
(Birthdays between 8/1/2004 and 8/1/1994)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE  FEMALE   
AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ NUMBER OF PRIOR SEASONS PLAYED: \_\_\_\_\_  
MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_ CELL: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**LIST ANY MEDICAL PROBLEMS OF PLAYER:**

\*\*\* If your child needs to be placed on the same team as a **sibling**, please state the reasoning:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL SUPPORT** – Please check areas that you would be willing to help:

COACH                       BOARD MEMBER                       TEAM PARENT  
 ASST. COACH                       REFEREE                       SPONSOR (Please ask for form)

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.

**SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**LIABILITY**

I, the parent or guardian of the above named player, a minor agree that I the player will abide by the rules and regulations of the Waterford Parks & Recreation Youth Soccer League (WYSL), its affiliated organizations and its sponsors ("WYSL Parties"), I, for myself and the player and our respective heirs, administrators and successors, intend to be legally bonded, hereby release and indemnify the WYSL Parties, the owners and operators of the facilities used for the program, and their respective directors, officers, coaches, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the WYSL Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the programs.

**SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_