

White Township Youth Athletic Association Soccer Fall '11

Travel Soccer Player _____ Registration Form Date: _____

Child's Name: _____ Previous Experience: Yes ___ No ___ Years _____

Birth Date: _____ Age on Aug 1st: _____ Grade Fall '10: _____

Sex: ___ Male ___ Female

Parents/Guardians: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Email(s): _____

Emergency Contact (other than parents)

Name and Phone #: _____

Medical Conditions: Yes ___ No ___ Explain Below/Continue on Back if Necessary

Volunteer Requirement (You MUST select at least ONE preference)

All team duties must be filled, you may be assigned other duties if your preference is not available

COACH _____ ASSISTANT COACH _____ TEAM PARENT _____ CONCESSION _____

I AM WAIVING MY VOLUNTER OPTION AND DONATING \$50.00 (Per Family, Check # _____)

Shirt Size Please Circle Sizes Needed Shorts Size

YOUTH SHIRT – S (7/8) M (9/10) L (11/12)

YOUTH SHORTS – S (7/8) M (9/10) L (11/12)

ADULT SHIRTS - S M L XL

ADULT SHORTS - S M L XL

Registration Fees

Soccer Fee: \$55.00 for the 1st & 2nd child plus \$35.00 for each additional child.

CHECK # _____

Late registration fee of \$20 required for forms accepted within two weeks of the last registration date.

Waiver and Release

As the parent/legal guardian of _____ (child's name), I give my approval for his/her participation in any and all activities during the current season for the sport indicated above. I assume all risks and hazards incidental to such participation including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the participants in the WTYAA program and persons transporting my child to and from activities for any claims arising out of any injury to my child, except to the extent and in the amount covered by the accident-liability insurance carried by the Athletic Association. I also, give my permission for WTYAA to take and use any photograph or video/audio recording which my child appears for promotional purposes on the association website. I accept that tryouts may be held when necessary for team selections based on league guidelines. I acknowledge and agree to the WTYAA commitment and disciplinary policies posted at www.wtyaa.org and recognize that participation is subject to the by-laws, policies and guidelines established by the association.

Parent/Guardian Signature: _____ Date: _____