

**REGISTRATION FORM
WATERFORD SOCCER ASSOCIATION**

PLAYER INFORMATION

Player Name: _____ U.S. Citizen: Y N
Address: _____
Date of Birth: _____ Grade: _____ Gender: M F T-shirt size: _____
Parent/Guardian Name(s): _____
Parent/Guardian Home Phone: _____ Work: _____
Parent/Guardian mobile number if okay to text schedule changes: _____
Email Address: _____ Read email daily: Y N

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name: _____ Phone: _____

INSURANCE INFORMATION

Primary Medical Insurance Company: _____
Policy Number: _____

Recognizing the possibility of physical injury associated with soccer and in consideration of USYS/USSF, Waterford Soccer Association and their affiliates accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify USYS/USSF, Waterford Soccer Association, their affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program, and/or being transported to or from the same, which transportation I hereby authorize.

Team participants

My child has received a physical examination by a physician and has been found physically capable of participating in the Program (must submit signed physical examination form).

Skills participants

My child has received a physical examination by a physician and has been found physically capable of participating in the Program. Known allergies or other pertinent medical information: _____

Therefore, I grant Waterford Soccer Association personnel permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry for an injury/incident which occurs at a soccer program event if neither parent/guardian is immediately available. I also assume the financial responsibility for any medical treatment for my child.

I further recognize the responsibility for all equipment and clothing issued to my child during the soccer season.

Signature of Parent/Guardian: _____ Date: _____

Fee: K-2 \$15 3-8 \$40 (\$90 family max)

Payment Method: check # _____ cash _____