



## Fall 2010 Rec Soccer Registration Form

(only one player per form please)

Player Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth    /    /    Gender:    Boy    Girl    Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Grade this fall (Circle one):    Kindergarten    1<sup>st</sup> and 2<sup>nd</sup>    3<sup>rd</sup> and 4<sup>th</sup>    5<sup>th</sup> and 6<sup>th</sup>    7<sup>th</sup> and 8<sup>th</sup>

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Conditions (please describe):

In case of emergency please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**WYSA REQUIRES active parent participation. Circle area(s) in which you want to help:**

Coach    Assist Coach    Team Manager    Field Prep    Referee    Fundraising    Board Member

**WAIVER OF LIABILITY**

I understand that the Whitefish Youth Soccer Association is a volunteer recreational program. I have been warned and I am aware that there is a risk of being injured inherent as a result of participating in any sporting activity. I am aware that injury may be severe, including, but not limited to fractures, damage to internal organs, ligament, muscle and tendon injury, but nevertheless allow the named minor to participate in Association activities. I do hereby waive any and all liability on the part of Whitefish Youth Soccer Association, coaches, officials, and other volunteers, the City of Whitefish and the Whitefish School District. I also do hereby authorize the officers or coaches of Whitefish Youth Soccer Association to transport as required the named minor to Association sponsored activities.

Parent's (Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT- MINOR**

I hereby give my consent for all medical treatment prescribed by a duly licensed Doctor of Medicine for the above registered player as his/her parent or guardian. This medical care may be given under whatever conditions are necessary to preserve the life, limb or well being of the named minor.

Doctor \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Parent Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Registration Fees (due by July 15)**

	Early Bird (before June 30)	Early Bird Additional Child	Later Bird	Later Bird Additional Child
Kindergarten	\$50.00	\$35.00	\$50.00	\$35.00
Grade 1 -8	\$75.00	\$55.00	\$85.00	\$65.00

**New Jersey Order (Circle one)** **\$20.00**  
 Child – Med    Child – Lg    Adult – Sm    Adult – Med    Adult - Lg

Please make checks payable to **WYSA**    **Total Enclosed** \_\_\_\_\_  
 Send to: **PO Box 241 Whitefish, MT 59937**

**Practices start early August**

**Games played Saturdays - Aug 21<sup>st</sup> – Oct 9<sup>th</sup>**