



Wilton Junior Athletic Association

Soccer Registration Form

* Grade K, 1 and 2	\$35 <input type="checkbox"/>	Grade 3, 4, 5, 6, 7	\$45 <input type="checkbox"/>
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* Grade child enters Fall 2008; Younger children –may- be placed in older groups, based on ability

SIGNUPS	Open House	Tues August 26 th 1- 2PM	FRES
SIGNUPS	Open House	Tues August 26 th ?-?PM	Lyndeborough Central School
EVALS	Grade 1-2 Fri Aug 29 th 5-6PM	Grade 3-7 Fri Aug 29 th 6-7PM	Carnival Hill

Last Name _____ First _____ MI _____ M/F _____

Address _____ DOB ____/____/____

City _____ State _____ Zip _____ Shirt Size (circle) YS YM YL AS AM

Primary Contact _____ E-Mail _____ Phone (____) ____-____

Secondary Contact _____ E-Mail _____ Phone (____) ____-____

Medical conditions (allergies, asthma, etc) _____

Person to notify in Emergency _____ Phone (____) ____-____

Doctor to notify in Emergency _____ Phone (____) ____-____

Liability Release: I/We hereby give permission for my/our child’s participation in any and all WJAA Soccer activities during the current season. I/We understand and agree that such activities pose the risk of injury to my/our child. I/We will assume, on my/our child’s behalf, all risks and hazards incidental to such participation including the transportation to and from the activities. On behalf of my/our child, I/We hereby waive, release, absolve, indemnify, and agree to hold harmless the WJAA Soccer League/Program, the organizers, coaches, referees, sponsors, supervisors, participants, and any person transporting my/our child to or from activities, for any negligence on their part and for any other claim arising out of injury to my child, except to the extent payable by liability insurance.

Medical Release: In the event of my absence, I hereby authorize the WJAA Soccer League/Program to seek emergency medical treatment for my child in the event of injury or medical problem and consent to the transportation by ambulance.

Name (print) _____ Signature _____ Date ____/____/____

Payment: \$ _____

\$10 Late Fee

Mail to: **WJAA**

Cash / Check # _____

if received after

PO Box 147

Make checks payable to ‘WJAA’

August 26th 2008

Wilton NH, 03086

Volunteer: Coach ___ Asst. Coach ___ Referee ___ Bench Parent ___ Concessions ___ Other _____