



FC WHEELING UNITED Player Registration Form



Seasonal Year: _____

Player's Name: _____ ("Registrant") U.S. Citizen Yes _____ No _____

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: _____

Name of Parents/Guardians: _____

Parents' Home Phone: (_____) _____; Work: (_____) _____

Other Phone: (_____) _____; Other Phone: (_____) _____

E-mail Address: _____; E-mail Address: _____

Player's Soccer Experience: _____

Emergency phone number other than Parent/Guardian:

Name: _____ Phone: (_____) _____

AGREEMENT & RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the FC Wheeling United's accepting the registrant for its travel soccer program (the "Program"), I hereby release, discharge, and otherwise indemnify and hold harmless the FC Wheeling United and West Virginia Soccer Association ("WVSA"), their officers, directors, coaches, team managers, volunteers, sponsors, and employees, and all associated personnel, including referees, the owners of fields and facilities utilized for the Program, against any all liability and claims of any kind whatsoever by or on behalf of the registrant arising out of his/her participation in the Program and/or being transported to or from the Program, which I hereby authorize. I certify that the registrant is physically capable of participating in the Program.

I certify that I am the parent or legal guardian of the registrant and agree that I and the registrant will abide by the Club's rules and the rules of the WVSA and its affiliated organizations and sponsors. 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 the life, limb or well-being of the registrant.

I understand and agree (1) that the registrant's Club fees do not include or cover travel expenses or medical expenses; (2) that the registrant's present and future participation in the Program is conditioned upon payment of his/her Club fees in full; and (3) that should the registrant leave the Program prior to the end of the season, neither the registrant nor I will be entitled to a refund of his/her Club fees and that we are obligated to reimburse the Club for any additional expenses incurred by the Club arising out of the registrant's participation, such as, room deposits, uniform purchases, or equipment expenses.

I understand that but for this Agreement and Release, the registrant would not be permitted to participate in the Program. I am, therefore, signing this Agreement and Release with the intent and understanding that it is legally binding upon me and the registrant.

Signature of Parent/Guardian: _____ Date: _____

- If offered a position on the team, player will accept and commit.
- If not offered a position, player would like to join the team pool for training purposes.

Age Division				
U9	U10	U11	U12	U13
U14	U15	U16	U17	U18