

Warwick Soccer Association 2009 FALL Recreational Registration Form

WSA use only:

Date: _____ Age group: _____

Amount Paid: _____ Check# _____

Initials: _____ Data Base Entry _____

Please print clearly and complete all sections

Section I: Player Information:

Last Name: _____ First Name: _____ Initial _____ Sex _____ Twin Y/N _____

Address _____ City: _____ State _____ Zip _____

Phone Number _____ Birth Date ____ / ____ / ____ Current Age _____ School Grade last Fall: _____

School Attends _____ School District _____ Number of seasons played soccer _____

Are you a New or Returning player to WSA: New _____ Returning _____ Previous Team _____

Section II: Family Information:

Mother's Name _____ Father's Name _____

Mother's home tel. _____ Cell# _____ Father's home tel. _____ Cell # _____

Mother's work phone _____ Father's work phone _____

Mother's email _____ Father's email _____

Section III: Emergency Information:

List any known medical problems such as asthma, allergies, allergies to medication, diabetes, etc. or state n/a, if not applicable: _____

Person to Notify in Emergency _____ Phone _____

Doctor to Notify in Emergency _____ Phone _____

Medical Insurance name _____ Policy number _____

(Medical information will be held confidential and is strictly for the purpose of the child's safety and overall soccer experience)

Section IV: Important Policy Information:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____ Signature: _____

Section V: Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my 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 life, limb, or well-being of my dependent.
Signature of Parent/Guardian: _____

Section VI: Volunteer as Coach

I would like to be a: Coach _____ Assist Coach _____ Other _____ Age Group _____

Name _____ Coach with _____

For Additional Information please visit: www.warwicksoccer.org