

Webster Area Soccer Association ----- Soccer Registration **Spring 2012**

- Fees: \$25.00 1st child; \$20.00 2nd child; \$55.00 Family Maximum
- All children in family are to be registered on one form, Child must be 5 yrs old by April 16, 2012.

Soccer registration forms and Medical Release form and fees (also copy of legal state birth certificate for NEW players) are to be turned in at WASA Registration on March 14 from 5:00 - 6:30 at Webster City Hall.

Fees *must* accompany registration form- **Checks payable to WASA**—No Refunds

- In addition, *all soccer families are asked to donate food items to the concession stand.* A list will be distributed. **Also, parents will have a choice of volunteering to work at the concession stand a minimum of 2 times during the season or make a cash donation of \$20.00 instead of working(excluding Coaches)**
- **Please initial one option:** _____ **I will work at the concession stand at the times assigned.**
(If unable to work at my assigned time, I will find a replacement worker.)
 _____ **Included in my registration fee is a donation of \$20.00**

WASA is an all volunteer association. We need help in the following areas please mark your preferred area to help.

_____ Fields/Nets Workers _____ Team Parent _____ Concession Chair/Soccer Building
 _____ Equipment Chair _____ Referee/Line Judge _____ Coach _____ Assistant Coach

Last Name	First Name	Sex (M/F)	Date of Birth	Grade

Father/Guardian Information-Primary Y__N__	Mother/Guardian Information-Primary Y__N__
Last Name _____	Last Name _____
First Name _____	First Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
E-Mail(Home) _____	E-Mail(Home) _____
E-Mail (Work) _____	E-Mail (Work) _____

Please list a contact besides parent or guardian:
Emergency Contact _____ ***Phone*** _____ ***Relationship*** _____

Agreement to Abide and Hold Harmless

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

Signature of Parent/Legal Guardian _____ Date _____

For Registrar Only: Check # _____ Check Amt. _____ Cash Amt _____ Date Rec'd ___/___/12 Rec'd By _____
 Copy of birth cert. for NEW players _____ Copy of Medical Release form _____ Birth Certificate on File _____