



W.A.Y.S.



Soccer (Spring 2010)

REGISTRATION: AGES 8-19 TRAVEL (Born after 8/1/2000)
 AGES 7-14 IN-TOWN RECREATION (Must turn 7 by 12/31/2010)
 Ages 5-6 LITTLE WORLD CUP (Must turn 5 by 12/31/2010).

Saturday, Jan. 16th; Saturday, Jan. 30th; Saturday, Feb. 6th (9AM - 12:00 PM)
 @ Depot Square Mall (Atrium Area)

FEE: Travel - \$100 (1 player) / \$170 (2 players) / \$210 (3+ players).
In-Town Rec - \$90 (1 player) / \$160 (2 players) / \$200 (3+ players).
Little World Cup \$65 each child. LATE FEE: A \$25 late fee will be charged as specified below.

NO CASH or CREDIT CARDS will be accepted; CHECKS ONLY

ALL Travel registrations accepted after March 5th will be subject to a **\$25 Late Fee** and space availability.

ALL In-Town registrations received after March 19th will be subject to **\$25 Late Fee** and space availability.

NO REFUNDS issued after Friday March 19th.

*****NOTE: ALL** those registering for In-Town Recreational & LWC play for the **FIRST** time **MUST** bring: 1. Birth certificate for verification of age

*****NOTE: ALL** those registering for Travel League **MUST** bring:

1. Copy of birth certificate (First time registrants ONLY)
2. 1" x 1" Picture of player (If did not play in Fall)

3. Player **MUST** sign THIS FORM in space below marked **"Travel Player Only & Signature"**

INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED

PLAYER NAME: _____
 ADDRESS/TOWN/ZIP: _____
 PHONE: _____ BIRTH DATE: _____ SEX: Male/Female
 Email address: _____
 MOTHER'S NAME: _____ FATHER'S NAME: _____
 Circle One: Travel In Town/Rec Little World Cup

I WOULD LIKE TO HELP W.A.Y.S. AS A:

- WAYS Board Member
- Admin. Volunteer
- Team Parent
- Coach
- Assistant Coach
- Referee
- Sponsor (\$150)

DOES YOUR CHILD HAVE ANY MEDICAL PROHIBITIONS: YES or NO

IF YES PLEASE SPECIFY:

PARENTS PERMISSION AND ACKNOWLEDGEMENT (WAIVER OF LIABILITY):

I, AS PARENT OR LEGAL GUARDIAN OF THE ABOVE CANDIDATE FOR A POSITION ON THE YOUTH SOCCER PROGRAM, HEREBY GIVE MY APPROVAL FOR PARTICIPATION IN ANY AND ALL YOUTH SOCCER ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FROM ANY CLAIM ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT THE WATERTOWN ASSOCIATION FOR YOUTH SOCCER INC. CARRIES NO MEDICAL INSURANCE AND THAT I WILL NOT HOLD THE ASSOCIATION, ITS' COACHES AND OFFICIALS, AND PARTICIPANTS LIABLE FOR ANY INJURIES OCCURRED DURING ANY GAME OR PRACTICE.

AUTHORIZATION FOR EMERGENCY CARE:

I, THE UNDERSIGNED PARENT OR GUARDIAN DO HEREBY AUTHORIZE THE COACHES OR PARENTS ACTING IN THE CAPACITY OF ACTIVITY SUPERVISORS, AS MY AGENT TO CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD. I ALSO AGREE TO BE RESPONSIBLE FOR THE RETURN OF ANY EQUIPMENT ISSUED TO MY CHILD.

_____/_____/_____
 (SIGNATURE OF PARENT OR GUARDIAN) (DATE)

IF THERE IS AN EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ **PHONE NO:** _____

Birth Cert Verified: Y N Amount Rec'd: _____ Date Received: _____
 WAYS Member: _____ Check #: _____ Travel Player Only Signature: _____