



W.A.Y.S.



Soccer (Spring 2012)

REGISTRATION: AGES 8-14 TRAVEL (Born after 8/1/2004)
 AGES 7-14 IN-TOWN RECREATION (Must turn 7 by 12/31/2012)
 AGES 5-6 LITTLE WORLD CUP (Must turn 5 by 12/31/2012).
 Saturdays January 28th and February 4th (9AM-12PM)
 @ Depot Square Mall (Atrium Area)

FEES: Travel-\$115 (1 Player)/\$185 (2 players per family)/\$225 (3+ players per family).
 In-Town Rec-\$90 (1 Player)/\$160 (2 players per family)/\$200 (3+ players per family).
 Little World Cup-\$65 each child.

ALL Travel registrations accepted after Sunday ,April 1st will need to be approved by the President of WAYS.

ALL In-Town registrations received after Saturday, March 17th will need to be approved by the President of WAYS

NO REFUNDS issued after Sunday, April 1, 2012

*****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 (For new soccer year player pass)
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: <ul style="list-style-type: none"> • WAYS Board Member • Admin. Volunteer • 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 IN 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: _____ Cash or Check #: _____ Travel Player Only Signature: _____