

# WESLEY CHAPEL SOCCER CLUB

## COMPETITIVE SOCCER REGISTRATION



Bring a **copy** of **Birth Certificate** for age verification if not already on file with WCSC  
If you have more than 1 player to sign up, fill out a separate form for each player

**2009/2010 WCSC Competitive Registration Fee: \$275 (Juniors) and (Seniors)**

**Training costs, travel costs, tournament fees will be on a per team basis**

No refunds will be given after uniforms are ordered.

**PLAYER INFORMATION:**

Name (last, first): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Age on July 31st: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Birth Certificate #: \_\_\_\_\_  
 Sex (male or female): \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

Name (last, first): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

**PRIOR PLAYING EXPERIENCE:**

Where did you play last season? \_\_\_\_\_  
 What team: \_\_\_\_\_  
 What position: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

Emergency Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Doctor Name: \_\_\_\_\_  
 Doctor Phone: \_\_\_\_\_  
 Medical Problem(s) Player has: \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_  
 Policy Number \_\_\_\_\_

Registration Fee Paid: \_\_\_Y\_\_\_N  
 Paid by: \_\_\_Cash; \_\_\_Check #; \_\_\_Online  
 Turned in Birth Certificate?: \_\_\_Y\_\_\_N\_\_\_ On file

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of the Wesley Chapel Soccer Club, the WCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury with sports and in consideration for the WCAA and Wesley Chapel Soccer Club accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the WCAA, The Wesley Chapel Soccer Club, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. 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 the life, limb or well being of my dependent. I understand fundraisers are sometimes needed to keep the cost of the program down and will support these events when asked. I also agree to help out with concessions duty when asked. I understand that in signing this application, I affirm that the information given above is true and correct.

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_