



**SPRING 2012 COMPETITIVE
LEAGUE REGISTRATION**

\$100 registration fee is due at time of registration.

Please make checks payable to WCSA and note your child's name in the memo line.

Financial aid is available. Please list contact name and number if you would like more information.

All registrations must be mailed to: PO Box 87, Richmond, IN 47374

Registrations due by 3/01/12.

Player's Name

Male/Female

Birth date (New players must include copy of birth certificate. Only players age 8 (as of 7/31/10) and older may play recreational plus and travel soccer.)

Address

Parent Contact Information

Primary – Name, Phone & Email

Secondary – Name, Phone & Email

School in which child is registered

Jersey Size: **YS YM YL S M L XL**



ACCEPTANCE AND LIABILITY WAIVER

I hereby agree that Wayne County Soccer Association, Indiana Youth Soccer League, Central Indiana Youth Soccer League, Greater Indiana Regional League Soccer, East Central Indiana Youth Soccer League, or any league the team registers with, shall not be liable for any injury or loss my child may sustain while participating in activities of any kind sponsored by or under the supervision of the above leagues.

I agree to hold harmless the same organizations, their members, coaches, sponsors, or providers of game sites, or designates of any kind, from any claim. I certify that my child is in good health and may take part in all team activities including travel to and from various sites.

Parent Signatures (Required)

Father

Mother

**Players and parents will also be required to sign IYSL code of conduct which will be provided by the coach.

MEDICAL WAIVER AND INFORMATION

In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital or medical facility.

Parent Signatures (Required)

Father

Mother

ALLERGIES, SPECIAL MEDICAL, OR OTHER INFORMATION
