Note: We cannot honor requests for team placement outside of immediate family in the same age group

Westbrook Soccer League
Kerry Walden, Registrar
PO Box 845
Westbrook, Maine, 04098
207 856-2138
www.westbrooksoccer.com
$50 resident/$60 non-resident
and travel $125

Player Membership Form

Club Name _____ Age Group _____ Div _____

Team Name _____

(Use Code Only) 01 Region 05 State . 02 South District 01 North 03 Metro 04 Central _____ Club _____ Rec/Comp

I.D.# _ _ _ - _ _ - _ _ _ _

Last Name ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ First Name ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Init _____ M ___ F ___

Address ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ City ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ State ___ ___ Zip ___ ___ ___ ___ ___

Email ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Telephone ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ Birthdate mo ___ ___ day ___ ___ year ___ ___

Father's Name _____ Occupation (optional)_____ Bus Phone _____

Mother's Name _____ Occupation (optional) _____ Bus Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency_____ Telephone_____

Doctor to notify in emergency _____ Telephone_____

Height _____ Weight _____ School _____ Grade _____

Other Children from family playing in club

_____ Age _____

_____ Age _____

Important

I, the parent/guardian of the below-named player, a minor, agree that the player and I will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer league programs and activities of the USYSA Parties (the "Program"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent or legal guardian of the below-named player, I hereby give **consent for emergency 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.

Recognizing that adults are role models for all of our players, I/we **pledge not to smoke or to use tobacco** in proximity to any fields being used for youth soccer activities.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Name

Signature: X _____ Signature: _____

Date: _____ Date: _____

Address: _____ Phone: Home_____

City _____ State_____ Zip _____ Bus _____

Parental Support

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

__ Coach __ Referee __ Board Member
__ Asst. Coach __ Publicity __ Fund Raising
__ Team Manager __ Donor __ Field Prep
__ Special Projects __ Concessions __ Newsletter __ Committee Member
__ Other_____

Official Use Only

Picture received __ yes __ no
Birthdate verified __ yes __ no

Player Fee $ _____ _____ Received by

Check No. _____ _____ Date

*Cancellations due to inclement weather are not refundable.
**Once your child has been rostered to a team, there will be no refund of payment.