

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

Westbrook Soccer League

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Player Membership Form

Club Name _____ Age Group _____ Div _____
Team Name _____

In-House/Rec Registration Fee:

\$40 – Resident/Non-Resident

(Use Code Only) I.D. # ____ - ____ - ____

Travel Registration Fees:

\$90 – Age 8 (As of July 31, 2011)

\$90 – All first-year travel players, regardless of age

\$140 – Ages 9 and above (as of July 31, 2011)

\$150 – Non-Residents

Region 01 State 05 District 02 South Rec/Comp

Last Name _____ First Name _____ M ____ F ____
Address _____ City _____ State ____ Zip _____
E-mail _____ Telephone _____ DOB mo ____ day ____ year ____

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

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

List any medical problem or prohibition player has _____
Person to notify in emergency _____ Phone _____
Doctor to notify in emergency _____ Phone _____
Height _____ Weight _____ School _____ Grade _____

Other children from family playing:
_____ 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 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 conjunctions 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 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 of Player*

Signature: _____ Signature: _____
Date: _____ Date: _____

Address: _____ Home Phone: _____
City: _____ State: ____ Zip: _____ Phone: _____

Parental Support

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

Coach Ref Board Member
 Asst. Coach PR Fundraising
 Manager Donor Field Prep
 Projects Concessions
 Newsletter Photographer
 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.