

Player Membership Form - Spring 2012 (REC)

Westbrook Soccer League
 Dave Soucier, VP REC
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 Westbrook, ME 04098
 dave_soucier@yahoo.com
 www.westbrooksoccer.com

Player's Age: _____ M ___ F ___

PLAYER'S DATE OF BIRTH: ___/___/_____

Coach / Team Request: _____

** Not all requests for team placement may be honored**

Registration Fee:

\$45.00 THROUGH MARCH 12TH

\$50.00 AFTER MARCH 12TH

****Teams will be capped at 10 players each and roster space is limited****

PLEASE PRINT CLEARLY

Player's First Name: _____		Player's Last Name _____	
Address _____		City _____	
Primary Telephone _____		Please provide phone number and e-mail address you can access on the weekends.	
Primary E-mail _____			

Guardian's Name _____ Cell Phone _____ Relationship _____

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List any medical problem or prohibition player has _____ _____ Emergency Contact: _____ Phone _____

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.	
Player's Name: _____ (Print Player's Name)	
Guardian: _____ <small>Print Name of Parent/Guardian</small>	Signature: _____ Date: _____

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!	
<input type="checkbox"/> Coach	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Board Member
<input type="checkbox"/> Field Prep	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Donor	
<input type="checkbox"/> Other _____	

Official Use Only	
Player Fee	\$45.00 / \$50.00
Cash: _____	Scholarship: _____
Check: _____	Other: _____
Check No. _____	
RECEIVED BY: _____	DATE: _____

Weather Cancellations are not refundable.
 No refunds will be given once player is placed on a team

Register in Person or by mail. Please Make Checks Payable To: **Westbrook Soccer League**

Last day to mail in registrations is Wednesday, March 28th

Registration Date: Wednesday, March 7th from 4:00-7:00

Registration will be held at the Westbrook Community Center

*******NO REGISTRATIONS WILL BE ACCEPTED AFTER APRIL 1ST 2012*******