

Division _____
Team _____

Westfield Youth Soccer Association Inc Player Registration Form for 2003-2004 Seasons

Last Name: _____ Are you a **new** member of the Westfield Youth Soccer Association? Yes No

First Name: _____ MI: _____ Can you help with the **17th Habig Classic** June 2004 to help keep fees down? Yes No

Street: _____ Do you want to Sponsor a team? Yes No

City: _____ Comments: _____

State: _____ Zip: _____

Phone: _____

Birthdate: _____ (**Must be 4 yrs old by 8/1/03 for the 2003-4 season**) Sex: F _____ M _____

Grade: _____ School: _____

Email: _____

Father's Last Name: _____ First: _____ Phone: _____

Father will help with League _____ Referee _____ Team _____ Coach Assist. Coach _____

Mother's Last Name: _____ First: _____ Phone: _____

Mother will help with League _____ Referee _____ Team _____ Coach Assist. Coach _____

Emergency: _____ Phone: _____ Relation: _____

Doctor: _____ Phone: _____ Note: _____

Amt dues: _____ Amt paid: _____ Method: _____

Consent for Medical Treatment

As the parent or legal guardian of the above player, I hereby give my consent for emergency medical treatment as prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Waiver of Liability

In consideration of the athletic opportunities provided by the Association, I do hereby release or otherwise indemnify Westfield Youth Soccer Association (WYSA), of Westfield, Indiana, it's affiliated organizations, all sponsors whether of WYSA or affiliated organizations, their employees and associated personnel, including the owner of the fields and facilities utilized for WYSA programs, against any and all claims by or on behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in the WYSA programs and/or being transported to and from such programs or related activities. The undersigned, as parent or legal guardian acknowledges that in any athletic endeavor and upon a proper review of the program outlined by the WYSA, serious injuries can and may result. It is the expressed intent of the undersigned to release and forever waive the WYSA from any and all liability arising from said injuries.

I, the undersigned, as parent or legal guardian of the registrant do hereby give my consent to the registrant's participation in programs and activities of the Westfield Youth Soccer Association.

Signature of Parent or Legal Guardian: _____ **Date:** _____

WYSA, P.O. Box 346, Westfield, IN 46074