

**WSA KICK-START REGISTRATION
2017-2018 SEASON**

Player's Name: _____ Male Female

Address: _____ Birth Date: _____

City, State, Zip: _____ Mother's Birth Date: _____
(For Registration Purposes Only)

Previous Coach/Team _____ Home Phone _____

Medical Problems/Allergy/Limitations: _____

Father's Name: _____ Mother's Name _____

Father's Cell _____ Mother's Cell Phone: _____

Father's Email: _____ Mother's Email: _____
(Email to be used only for soccer messages and announcements)

Uniform Information

YS YM YL

CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature: _____ Date: _____

LIABILITY WAIVER FORM

I, the parent/legal guardian for the above child, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, the Ohio Youth Soccer Association North, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify US Youth Soccer, the Ohio Youth Soccer Association North, and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature: _____ Date: _____

Please sign that you have received the Concussion Handout: _____

Parental support: The Wellington Soccer Association is a 100% volunteer organization. Coaches, assistant coaches, board members, and organizers all volunteer their time. The player fee goes to insurance, league fees, equipment and payment of game referees. We ask for active participation of all parents in our program.

Please check areas in which you would be willing to help:

- | | |
|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Field Preparation |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Team Snack Organization | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Concession Stand Worker | <input type="checkbox"/> Other _____ |

Age:

U _____

Season:

Full

Fall Only

Spring Only

Fees:

Registration

\$ _____

Fees Paid

\$ _____

Cash

Check
