**WELLINGTON SOCCER ASSOCIATION REGISTRATION**

**Age:**

**U \_\_\_\_\_\_\_**

**Season:**

**Full**

**Fall Only**

**Spring Only**

**Fees:**

**Uniform**

**$\_\_\_\_\_\_\_\_\_**

**Registration**

**$\_\_\_\_\_\_\_\_\_**

**Fees Paid**

**$\_\_\_\_\_\_\_\_**

**Cash**

**Check**

#\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEASON**

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Birth Date:

Month/Day 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 AS AM AL

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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:**

|  |  |
| --- | --- |
| * + Coach | * + Field Preparation |
| * + Assistant Coach | * + Fund Raising |
| * + Team Snack Organization | * + Board Member |
| * + Concession Stand Worker | * + Sponsorship |
| * + Donor | * + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\* All Donations are greatly welcomed and will be used towards the growth of our youth soccer association.