



**WOODBRIIDGE SOCCER CLUB  
Spring 2010 SEASON  
REGISTRATION FORM**



Open to all children born on or before 12/31/2006 through 5<sup>th</sup> grade

Spring 2010 season mail-in registration fees

\$95 for grades 1 thru 5,

\$85 for Kindergarten & Pre-K (born on or before 12/31/2005),

\$65 for Peewee Soccer (born on or before 12/31/2006),

Make checks payable to "WSC".

**Mail-in registrations must be postmarked no later than March 28, 2010. Registration is mandatory. Mail Registration Form to: WSC, P.O. Box 3674, Woodbridge, CT 06525.**

For online registrations go to woodbridgesoccer.org. Late registrations in the Grade 1 thru 5 programs cannot be guaranteed a placement. If we cannot place late registrants your money will be refunded.

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of Years playing Soccer: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade Level: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any Health Conditions of your child: \_\_\_\_\_

Doctor to Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency situation the Parents/ Guardians will be contacted first. If the parents or guardian cannot be reached call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Player \_\_\_\_\_

**PARENT/ GUARDIAN AUTHORIZATION AND RELEASE**

As parent/ guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the Woodbridge Soccer Club (WSC), and its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with playing soccer. In consideration of the WSC accepting the registrant for the Soccer Program, I hereby release, discharge and/or otherwise indemnify the WSC and its affiliated organizations and sponsors, volunteers and associated personnel, including the owners of the fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of his/ her participation in the Program, or being transported to or from the same which I also hereby authorize:

\*Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/ GUARDIAN CONSENT FOR MEDICAL TREATMENT OF THEIR MINOR CHILD**

As parent/ guardian of the registrant I hereby give consent for emergency medical 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 the life, limb or well being of my minor child.

\*Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The foundation of the WSC program is our parent volunteers. It is due to their work, interest and dedication that the WSC program flourishes. We hereby solicit your help:**

I would like to serve as a Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Coaching experience, if any: \_\_\_\_\_ Age-level and number of years coached: \_\_\_\_/\_\_\_\_

Publicity Coordinator: \_\_\_\_\_ Group Coordinator: \_\_\_\_\_ Assistant Coordinator \_\_\_\_\_

Please call me at: \_\_\_\_\_ the best time to reach me is: \_\_\_\_\_

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For Club use only: Paid Check \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Placement \_\_\_\_\_