



130 S Main St Suite 213,
 Sebastopol, CA 95472
 Hours: M-F 11:00-2:00
 Phone: 707.823.2443
 Mail: PO Box 423 Sebastopol CA 95473

Soccer Registration Form - 2009 Season

Register by **May 29** to avoid late fees and guarantee team placement

Player Information All Fields are Required by CYSA

First Name (as it appears on Birth Certificate)	Middle Init.	Last Name (as it appears on Birth Certificate)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female
Date of Birth (m/d/y)	Mother's Birth Date (m/d)	School (Fall 2009)	Grade (Fall 2009)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			
<input type="text"/>			
City	State	Zip Code	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Guardian

Name	Relation	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		
<input type="text"/>		

Secondary Guardian

Name	Relation	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		
<input type="text"/>		

Requests

Requests are honored when possible, but are not guaranteed. If you have more than one request, please indicate the one that is MOST important. You may only request a club in which you reside or attend school.

Coach	Teammate
<input type="text"/>	<input type="text"/>
Other	
<input type="text"/>	

Emergency Contacts

Name	Telephone
<input type="text"/>	<input type="text"/>
Physician's Name	Telephone
<input type="text"/>	<input type="text"/>

Please list any medical conditions that could affect participation

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA 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 connection 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 USYS and CYSA 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/legal guardian of the above-named player, or player age 18 or over, 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 me or my dependent.

Guardian/18 year old player name (Please print): _____

Signature: _____ Date: _____

Volunteers Keep Fees Low!

How would you be willing to help?

- | | |
|--|---|
| <input type="checkbox"/> coach | <input type="checkbox"/> registrar |
| <input type="checkbox"/> assistant coach | <input type="checkbox"/> sponsor |
| <input type="checkbox"/> team parent | <input type="checkbox"/> sponsor finder |
| <input type="checkbox"/> field preparation | <input type="checkbox"/> assistant club manager |
| <input type="checkbox"/> tournament | |

2009 Fee Schedule

Fee includes registration, jersey, tournament, individual and team photo (Memory Mate).

Through May 29th

\$115 (U6 \$80 ; U-16 & U-19 \$130)

After May 29th

\$140 (U6 \$105 ; U-16 & U-19 \$155)

After June 30th

\$165 (U6 \$130 ; U-16 & U-19 \$180)

Refunds must be requested in writing before August 1.

Make checks payable to WCU. Financial aid and payment options are available.

Registration Checklist

- completed registration form
- county issued birth certificate
- financial aid documentation (if applicable)
- payment

Without all of the above, your registration will not be considered complete.

Return form to:
 West County United Soccer League
 PO Box 423 Sebastopol CA 95473

For Official Use Only

BC rec'd by _____ /on file _____
 Total \$ _____ Ck# _____ Cash\$ _____
 Rec'd By _____ Date _____