

Important - June 6th is the final day to register! No late registrations will be accepted*



wescosoccer.org / soccer@sonic.net
 Hours: M-F 11:00-2:00
 Phone: 707.823.2443
 130 S Main St Suite 213,
 Sebastopol, CA 95472
 Mail: PO Box 423 Sebastopol CA 95473

Soccer Registration Form - 2010 Season

Evaluation Day - June 6th

All players U10 - U14 (ages 8 - 13) should attend evaluation day at Twin Hills Middle School. Evaluation Day will allow us to form better teams and have more fun. See the Evaluation Day flyer or wescosoccer.org for more info.

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 2010)	Grade (Fall 2010)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male
Street Address		Years of Soccer Experience	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	Telephone
<input type="text"/>	<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"/>) <input type="text"/>
E-mail Address		
<input type="text"/>		

Secondary Guardian

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

Requests for Coaches and Teammates (optional)

Requests are not guaranteed. Team equity is our highest priority. Evaluation Day attendance is required for any requests to be considered.

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

Emergency Contacts

Name	Telephone
<input type="text"/>	(<input type="text"/>) <input type="text"/>
Physician's Name	Telephone
<input type="text"/>	(<input type="text"/>) <input type="text"/>
Please list any medical conditions that could affect participation	
<input type="text"/>	

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 or 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: _____

What to expect: You will be contacted about team placement and practices by the middle of August. Games start in September and run through October. Picture Day: 9/12
 Harvet Cup: 10/9 - 10/10

Volunteers Keep Fees Low!

How would you be willing to help?

- coach
- assistant coach
- team parent
- field preparation
- sponsor
- sponsor finder
- assistant club manager

2010 Fees

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

Under 6 (players age 4 and 5)
\$85

Under 8 - Under 14 (ages 6 - 13)
\$120

Under 16 - Under 19 (ages 14 - 18)
\$135

Refunds must be requested in writing before August 1.

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

*Registrations after 6/6 will only be accepted to fill an existing team that needs more players and with permission of Club Manager and Coach.

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 by June 6th 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 _____