

WCU SOCCER

Financial Aid Application

Your child will not be registered until payment or player subsidy arrangements have been made. You can turn this form in with your registration, or mail it directly to:

**WCU Player Aid Committee
P.O. Box 423, Sebastopol, CA 95473**

Your Name: _____ Phone # _____

Your Child's Name: _____ Team (i.e. U-12 G) _____

If you have other children registering in the WCU Youth Soccer League, please indicate the age and the name for each:

Age _____ player name _____

Age _____ player name _____

Policy Statement

All registrations are subject to a minimum payment per player. For children of parents or guardians who are covered by Sonoma Works (formerly AFDC), or who, are enrolled in Medi-Cal or who receive SSI Disability or Section 8 Housing Assistance, the balance of fees will be waived upon presentation of an Action Notification Letter (Sonoma Works), Social Security Disability Award Letter, Medi-Cal ID card or Section 8 grant award letter. People who do not meet these criteria may still write a letter to the Committee on Fee Waivers, P.O. Box 423, Sebastopol, CA 95473 stating the reason(s) they are requesting a waiver of fees.

Please complete the following:

- a. I understand that I will be called upon to provide assistance during League Tournaments or other events.

Signature: _____ Date: _____