



wescosoccer.org / soccer@sonic.net
 Hours: Tuesday 9am-12pm & 3pm-6pm,
 Wednesday-Thursday 9am-12pm
 Phone: 707-823-2443
 130 S. Main St, Suite 213,
 Sebastopol, CA 95472
 Mail: P.O. Box 423, Sebastopol, CA 95473

U7 – U15

4 to 14 year olds use
 this form

Official Use Only: BC Rc'd/on file _____ Total \$ _____ ck() cash () Pmt Rec'd by _____ Date _____	Age/Gen
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Recreational Soccer Registration Form 2019 Season

Welcome to the 2019 Soccer Season

Required Field Evaluations: 5/11 or 5/19-Twin Hills School-see www.wescosoccer.org, for updates and schedules. You will be contacted about team placement and practices by August 1. Games start approximately the last week of August and run through October. **Picture Day: 9/8 Harvest Cup Weekend: 10/19-10/20**

Players with birth years 2011 and younger will be placed on teams by school when possible. Players with birth years 2010 and older are required to attend a field evaluation on either May 11 or May 19 at Twin Hills School. Coaches will then **draft** players. For players who do not attend the evaluation, team placement will be done through a **random draw**. If you require specific team placement for compelling reasons, **requests must be made prior to team formation in person at a League Board meeting. Meeting dates:** April 17, May 15, June 5 - 7pm - 130 S. Main St, Ste 213, Sebastopol – email soccer@sonic.net to confirm.

If possible, would you like your player to practice in Guerneville/Monte Rio area? **Y N**

VOLUNTEERS HELP KEEP FEES LOW! How would you be willing to help?

Coach Asst Coach Team Parent Field Preparation Rec Committee Age Division Rep

PLAYER INFORMATION All Fields Required By WESCO Soccer please print legibly

Last Name (as it appears on Birth Certificate)		First Name (as it appears on Birth Certificate)		Middle Init	Birth Date
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Player Gender	Emergency Contact (other than Guardian)			Emergency Contact Telephone	
Male Female	<input type="text"/>			<input type="text"/> () <input type="text"/>	
School (in Fall of 2019)	Grade (in fall of 2019)	Please list any medical conditions that could affect participation:		Years of Soccer	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	

PRIMARY GUARDIAN INFORMATION please print legibly

Last Name		First Name		Relationship
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address			City	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>
E-mail Address			Telephone #	Alternate Phone #
<input type="text"/>			<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>

SECONDARY GUARDIAN INFORMATION please print legibly

Last Name		First Name		Relationship
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address			City	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>
E-mail Address			Telephone #	Alternate Phone #
<input type="text"/>			<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of -medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, and their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

I further grant WESCO the right to use the player's name, picture and/or likeness in printed, broadcast or other material concerning the Program provided such use is related to the player's status as a participant in the Program.

Signature _____ Date _____

2019 Fees

U7 Division (2013/2014 birth years).....\$140
 U9 Division (2011/2012 birth years)..... \$180
 U11 Division (2009/2010 birth years)..... \$190
 U13 Division (2007/2008 birth years)..... \$190
 U15 Division (2005/2006 birth years)..... \$190

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

Registrations after evaluations will only be accepted to fill a spot on an existing team and will be subject to a \$30 late fee.

Refunds must be requested in writing **before 8/1**

Make checks payable to WESCO. Financial Aid and payment options are available.