



ATTENTION PARENTS: A COPY OF A BIRTH CERTIFICATE IS REQUIRED FOR EACH PLAYER (EXCEPT KIDDIE KICK)

Player's Last Name _____ Player's First Name _____

Street Address _____

City _____ State _____ Zip _____ Phone (____) _____

All out of West Virginia players **MUST** register with their home state and have the proper paperwork to WASA PRIOR to being placed on a team. Ohio residents can register at www.oysan.org

Email Address _____ Years of Soccer Experience _____

Birth Date _____ Height _____ Weight _____ Male Female

School _____ Grade _____

Did you play in Fall 2009? If yes, on what team? _____

Players must have shin guards. All players receive shirt and socks.

Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Fees

WASA fees pay for shirts, field maintenance, referees (for U10 and older games), membership in the WV Soccer Association and liability insurance. Families with more than one child playing pay full registration for the oldest child and may deduct \$10 from each additional child's fee.

**Make checks payable to WASA & mail to WASA, P.O. Box 2236, Wheeling, WV 26003-2236
NO REFUNDS.**

Kiddie Kick	8/1/03 - 7/31/05	\$30	U12	8/1/97 - 7/31/99	\$60
U8	8/1/01 - 7/31/03	\$55	U14	8/1/95 - 7/31/97	\$60
U10	8/1/99 - 7/31/01	\$60			

*****Registration ends March 1, 2010*****

Consent and Release

I hereby consent for medicine or medical care prescribed by a duly licensed doctor for this child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of this child. In consideration for Wheeling Area Soccer Association permitting the above named child to participate in the Soccer Program, I (we) the Parent and/or guardian, do hereby release and discharge and forever hold harmless the Wheeling Area Soccer Association and its directors, officers, coaches, referees and any and all other associated personnel and volunteers from any and all liability, claims, demands or actions and medical and hospital expenses incurred as a result of injury or damages of any kind or nature to this child. It is acknowledged and understood that the registration fee does not include coverage for medical expenses of any kind.

Parent/Guardian (Please print name) _____

Parent/Guardian Signature _____ Relationship to Player _____

Date _____ Evening Telephone _____ Daytime Telephone _____

Alternate person to contact in case of emergency _____

Relationship to Player _____ Evening Telephone _____

Family Physician _____ Telephone _____

List other family members registering. Continue on back if you need more space.

*****All WASA coaches and assistant coaches are volunteers. No soccer knowledge or experience is necessary. If we do not have enough volunteers, there may not be a team for your child. Please consider volunteering! *****

***** I am interested in being a coach assistant coach referee team manager. *****

This form registers this child with the Wheeling Area Soccer Association, and not with a specific team. Applications will not be accepted unless all information is complete and payment received.

*****Return this form along with your check made payable to WASA, P.O. Box 2236, Wheeling, WV 26003-2236*****