

Player Information	
Player's Name	<input type="text"/>
Street Address	<input type="text"/>
City and Zip Code	<input type="text"/>
Home Telephone # (include area code)	<input type="text"/>
School Attending in Fall 2008	<input type="text"/>
Recreational Seasons Played	<input type="text"/> <small>Fall and Spring are 2 separate seasons. For example, if you played only U12 and played Fall and Spring, then you played 2 seasons.</small>
Select Seasons Played	<input type="text"/>
Highest Select Level	<input type="text"/> <small>For Example...A, B, C, D</small>

Parent Information	
Mom's Name	<input type="text"/>
Mom's Cell # (include area code)	<input type="text"/>
Dad's Name	<input type="text"/>
Dad's Cell # (include area code)	<input type="text"/>
Email Primary	<input type="text"/>
Email Secondary	<input type="text"/>

Player Health Information

List any medical problem(s) or prohibition(s) player has or write "None" if player has no medical problem(s) or prohibition(s)

<input type="text"/>

Person to notify in Emergency – Full Name AND Tele or Cell #

Doctor to notify in emergency – Name AND Tele or Cell #

Consent For Medical Treatment

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed 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 my dependent.

Signature of Parent/Guardian

X _____

Printed Name as signed above

X _____

Parent approval and medical release: recognizing the possibility of injury associated with soccer and soccer tryout procedures, and in consideration for WASA United FC and its affiliates accepting the registrant for its soccer try-out program and associated activities I hereby release, discharge and otherwise indemnify WASA United FC its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same, which transportation I hereby authorize.

Sign and Date

Code of Conduct and Fee Payment: I understand there is a code of conduct for my child and myself as a parent/guardian and spectator. I agree to conduct myself in a way as not to interfere with coaches and league officials, or in any way bring-discredit upon WASA United FC, players, league officials, or myself. I understand that violation of the Code of Conduct by the participant or myself may result in the immediate dismissal from WASA United FC. I also understand that all fees paid are non-refundable should my player quit once their position has been accepted and that my player may be suspended or dismissed if fees are not paid when due.

Sign and Date
