Warren United Soccer Club Registration Form

Player Information **Sex M F** **Birth Date**_____

Last_____ **First**_____ **Middle Init.**_____

Address_____ **Phone #**_____

City_____ **State**_____ **Zip**_____

Uniform Size

Shirt YM YL AS AM AL AXL **Parents email**_____

Short YM YL AS AM AL AXL **Players email (Optional)**_____

Circle Position or Positions Desired

Goalie Defender Midfielder Forward

(The coach will determine final positions)

Will you be playing another sport in the Spring? No Yes What Sport? _____

Medical Concerns

_____

_____

_____

Parental Information

Fathers Last Name_____**Fathers First Name**_____

Home Phone_____ **Fathers Cell Phone**_____

Mothers Last Name_____ **Mothers First Name**_____

Home Phone_____ **Mothers Cell Phone**_____

Please help support our club. Please check something you are willing to help with.

Parent Representative_____ **Newsletter**_____ **Field Painting**____ **Advertising** ____

Do you have a coaching license? YES____ **NO**____ **Are you willing to coach or assist? YES**__ **NO**__

If yes what level? F E D C B A

Name of person with license? _____

RELEASE

This release is made to allow my/our child to participate in the Warren United Soccer Club Team Tryouts and recognize that my/our signature on this release is a condition of our permitting my/our child to participate. I/We certify that my/our child is in excellent physical health, there are no physical limitations to my/our child to participate in this program, may participate in strenuous and hazardous physical activities, and grant permission for my/our child to receive emergency medical treatment if needed. I/We herby release and discharge Warren United Soccer Club, Washington Twp. Washington Boro, Mansfield Twp, Franklin Twp., White Twp., club evaluators, volunteers, coaches, and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage and/or other loss suffered by my/our child in connection with his/her participation in this program. I/WE represent that I am/We are the parents/guardians of the minor named above, and I/We agree that the grant and releases contained therein binds me/us and the minor to all of its terms.

_____ _____

Parent/Guardian Signature Date **Parent/Guardian Signature Date**