



Fall 2009 Registration
www.westhartfordsoccer.net

REGISTRATION DEADLINE

Registration closes August 10, 2009. A late fee of \$10 will be charged for forms postmarked after that date. Any forms received after this date will be put on a waiting list to fill openings, if any.

Returning players who register late are not guaranteed a spot on their team. Requests to change teams will only be granted if there is appropriate space on the requested team. The season will start the first Sunday after Labor Day (to be confirmed by Field Coordinator). Games are played Sunday a.m. You will be notified of your team placement before Labor Day. If you are not be able to attend most of the scheduled games, please consider signing on as a designated sub or contact the Division Coordinator to discuss.

ELIGIBILITY

Women 23 years old by September 12, 2009 (or older) for A division. Women 25 years old by September 12, 2009 (or older) for B division. No previous experience necessary for either division. Only registered players will be allowed to play. **Players must also complete waiver form on reverse side.**

REGISTRATION FEE

\$55.00 is due with the registration form. Late fee is \$10. No refunds once season play begins. Please make checks payable to W.H.W.S.C. and mail to P.O. Box 270294, W.H.W.S.C., Attn: Registrar, West Hartford, CT 06127-0294. ALL REGISTRATION FORMS MUST HAVE A POSTMARK WITHOUT EXCEPTION.

Please call Pam Kapinos at 860-214-3471 for Division A and Lisa Hallenbeck-Farrah at 860-205-0075 for Div B with any questions.

REGISTRATION FORM

NAME _____ DATE OF BIRTH _____ AGE _____

STREET _____ TOWN/STATE/ZIP _____

HOME PHONE _____ ALT. PHONE _____ EMAIL _____

EMERGENCY CONTACT _____

Please check and answer all the appropriate boxes and lines:

- Check here if you DON'T want your name shared with our sponsors for mailing purposes.
- Check here if this is a new address.

DESIRED DIVISION (check ONLY ONE) ___A ___B ___ Sub

Returning Player - Which team did you play on? _____

- Do you wish to be moved to another team? _____

Team request: 1st choice _____ 2nd choice _____

Please note: We attempt to honor team requests, however, there is no guarantee that you will be placed on a team that you request.

Do you currently have a WHWSC jersey? Y / N

If Y, what color is it? _____

If N, what size do you need? S M L XL

For the appropriate placement according to your skill level it is imperative that you complete the following:

Previous soccer experience (please be specific):

Position played: ___forward ___midfield ___defense ___goalkeeper

High School ___ College ___ Other _____

Other sports/athletic experience: _____

New Players: Please indicate where you heard about our club _____

ACKNOWLEDGMENT, WAIVER & RELEASE: By signing below, I acknowledge that I have received, read, and agree to abide by the Sportsmanship Guidelines of the West Hartford Women's Soccer Club ("WHWSC"). By reference to, and incorporation of, the waiver attached to this registration form, I also affirm my agreement to waive and release any claims against the WHWSC or the Town of West Hartford, or their respective affiliates, parent organizations, directors or officers, in connection with any injuries I may sustain while participating in the WHWSC.

Please consult your physician before playing. This is a CONTACT sport.

Signature: _____ Date: _____

For registrar's use only: Date received _____ Check # & amount _____ Team Placement _____



Fall 2009 Registration
www.westhartsoccer.net

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

PRINT _____
(last name) (first name)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

In consideration of being allowed to participate in any way in Connecticut State Soccer Association athletic/sports program, and related events and activities, the undersigned:

1. Agrees that prior to participating, she will inspect the facilities and equipment to be used, and if she believes anything is unsafe, she will immediately advise her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Releases, waives, discharges and covenants not to sue Connecticut State Soccer Association, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demand, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

SIGNATURE: _____ DATE: _____