



**REGISTRATION FORM**  
**West Hartford Youth Soccer Association**  
**2009 Spring Recreational Season**  
**PRE-JUNIOR (PICK-UP SOCCER) DIVISION ONLY**  
*(Season Runs for 7 Weeks - End of April through mid-June)*

**Pre-Junior**  
**Spring**  
**2009**

**Eligibility:** The West Hartford Youth Soccer Association will sponsor a Pre-Junior Program of Spring Recreational Soccer in 2009 for West Hartford **boys and girls** born in 1999. The form must be received by March 31<sup>st</sup> to be guaranteed permission to play. Forms received after March 31<sup>st</sup> will incur **a \$10 late fee**. Acceptance after that date depends upon availability of program openings!  
**Please use a separate registration form for each player.**

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PLAYER BEING REGISTERED

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS \_\_\_\_\_, West Hartford, CT ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_  
 PHONE \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Important:** *Pre-Juniors will play Friday afternoons from 5:30 to 6:30 p.m. Participants are required to wear shinguards, shorts and socks. Rubber cleats are highly recommended. No uniforms will be provided. Please bring a water bottle and soccer ball. Please be advised that information regarding location, organization, registration confirmation and/or weather cancellations will be done through email. Please provide an email address, if possible! Thank you.*

Comments (Including Health Considerations):

**Parent's Permission and Acknowledgments:** I, as a Parent or Guardian of the listed candidate(s) for a position on a team in the West Hartford Youth Soccer Association (WHYSA), hereby attest to his/her physical fitness and give my unconditional approval to his/her participation in any and all WHYSA activities during the upcoming season. I assume all risks and hazards incidental to such participation, including but not limited to transportation to and from the activities, and I do hereby waive, release, discharge, absolve, protect, and agree to hold harmless WHYSA and the directors, officers, coaches, supervisors, participants, referees, persons transporting my child to and from the activities, and any other individual(s) involved in the operation or administration of the League from any damages, liabilities, and claims arising out of the injury of my child. I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Signature** of Parent or Guardian \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Person to notify in the event of an emergency, if different from above: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fees:** Each Child Registered is \$20 **This form is for Pre-Junior soccer only** **\$20** \$ \_\_\_\_\_

**LATE FEE \$10 (Forms postmarked after March 31, 2009)**..... \$ \_\_\_\_\_

**Patron's Donations:** Patron's donations allow the Association to offer a full range of services to the youth of West Hartford. We solicit your support. If you wish to contribute (\$10 or more), please indicate below how you wish your name(s) to appear in our acknowledgment and the amount. (Please contact us concerning Corporate contributions.) \$ \_\_\_\_\_

**Players NEW to the League must provide a copy of their Birth Certificate with Registration**

Make check payable to: West Hartford Youth Soccer Association or **WHYSA** TOTAL \$ \_\_\_\_\_

MAIL TO: **West Hartford Youth Soccer Association P.O. Box 271059 West Hartford, CT 06127-1059**



**Withdrawal and Fee Refund Policy:**

*Registration Fee for Pre-Juniors only is refunded if request is made in writing to WHYSA at the above address prior to April 15, 2009*

**Volunteers:** The Association depends on volunteers and donated services to run its programs. We need your help! Please  one or more of the ways shown if you can participate. Thank you.  COACH  ASSISTANT COACH  REFEREE  HELP IN ANY WAY

OTHER \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

**IMPORTANT:** ALL VOLUNTEERS ARE REQUIRED TO FILL OUT A CONNECTICUT JUNIOR SOCCER ASSOCIATION (CJSA) VOLUNTEER DISCLOSURE FORM. THESE MUST BE SUBMITTED TO WHYSA IMMEDIATELY UPON CONFIRMATION THAT YOU WILL COACH/ASSISTANT COACH/VOLUNTEER. FORMS ARE AVAILABLE ON OUR WEBSITE ([WWW.WESTHARTFORDSOCCER.NET](http://WWW.WESTHARTFORDSOCCER.NET)) AND THE CJSA WEBSITE ([WWW.CJSA.ORG](http://WWW.CJSA.ORG)). THEY SHOULD BE MAILED TO WHYSA; P.O. Box 271059; WEST HARTFORD, CT 06127-1059.  
THANK YOU FOR YOUR COOPERATION.

**Volunteers:** Please elaborate below if you have any soccer experience. Information concerning past play, knowledge of the game, or coaching or teaching background would be helpful.

# 2009 Spring Soccer Registration Form for Pre-Junior Recreational Program

*West Hartford Boys & Girls born in 1999*

*For more information visit our website at [www.westhartsoccer.net](http://www.westhartsoccer.net)*

*West Hartford Youth Soccer Association  
P.O. Box 271059  
West Hartford, CT 06127-1059*

**SPRING 2009 PRE-JUNIOR REGISTRATION FORM**