



REGISTRATION FORM
West Hartford Youth Soccer Association
2009 Spring Recreational Season
(Season Runs for 7 Weeks - End of April through mid-June)

Spring
2009

Eligibility: The West Hartford Youth Soccer Association will sponsor Spring Recreational Soccer in 2009 for West Hartford **boys and girls** born in 2000, 2001, 2002 and 2003. Children born in 2002 & 2003 will play in the Training Division (U7); those born in 2000 and 2001 will play as Mites (U9). **The form must be received by February 28 to be guaranteed a position on a team. Forms received after February 28th will incur a \$10 late fee. Acceptance after that date depends upon availability of team openings, coaches, and fields! 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: To aid in scheduling the limited field availability, **Please circle your Game Day Preference.** SAT SUN EITHER
**Indication of preference does not guarantee game day. Divisions must play on the fields/days made available to us by the Town. Field information was unavailable at the time of print. Full refunds will be made if your player cannot play during the assigned times*

Name of Team Played on In Fall-08 _____ Coach _____

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: First Child Registered \$55, each additional child per family is \$45 \$ _____

\$55* \$ _____

LATE FEE \$10 (Forms postmarked after February 28, 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

**\$5 of your registration fee is contributed to the Field of Dreams Foundation to support ongoing maintenance of town owned fields.*

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



Withdrawal and Fee Refund Policy:

Registration Fee is refunded if request is made in writing to WHYSA at the above address prior to March 31, 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 A TEAM IN ANY WAY
 ASSOCIATION IN ANY WAY OTHER _____

NAME _____ HOME PHONE _____-_____- WORK PHONE _____-_____

HOME ADDRESS: _____ WORK ADDRESS _____

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) AND THE CJSA WEBSITE (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 Training & Mites Recreational Teams

West Hartford Boys & Girls born in 2000, 2001, 2002 and 2003

For more information visit our website at www.westhartfordsoccer.net

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

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