

WEST HARTFORD WOMEN'S SOCCER CLUB

www.westhartsoccer.net
Spring 2007



REGISTRATION DEADLINE

Registration closes March 1, 2007. 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. The season will start on April 21, 2007 with games being played Saturday or Sunday afternoons; season ends June 24th. You will be notified of your team placement in April.

REGISTRATION FEE

\$55.00 is due with the registration form. **Late fee is \$10.** No refunds after April 21, 2007. 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. Please no drop offs.

ELIGIBILITY

Women 23 years old by April 21, 2007 (or older) **for A league.**
Women 25 years old by April 21, 2007 (or older) **for B league.**
No previous experience necessary. Only registered players will be allowed to play. **Players must also complete waiver form on reverse side.**

Please call Beth Leonard at 989-9810 for A Division and Cindy Courtney at 232-2904 for B Division with any questions.

REGISTRATION FORM

NAME _____ DATE OF BIRTH _____ AGE _____
STREET _____ TOWN _____
STATE _____ ZIP CODE _____ HOME PHONE _____ EMAIL _____
WORK PHONE _____ 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

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.

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

Position played: _____ forward _____ midfield _____ defense _____ goalie

High School _____ College _____ Other _____

Shirt Size

_____ medium

_____ large

_____ x-large

Please explain soccer or other athletic experience; in the interest of sportsmanship and fair balance of teams, please be as accurate as possible: _____

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

WAIVER: I realize that, as with any physical activity there is a possible risk of accidental injury to me while participating in this program. I agree to assume the risk of injury, which I might suffer while participating in the West Hartford Women's Soccer Club and I will not hold the Town of West Hartford, the West Hartford Women's Soccer Club or its directors and officers liable for any injuries, which I may suffer while participating in this program.

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

Signature: _____ Date: _____

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

ALL PLAYERS MUST COMPLETE WAIVER ON THE NEXT PAGE

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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.

PLAYER SIGNATURE _____

PLAYER PRINTED NAME _____