



SPRING 2010  
Registration  
www.westhartsoccer.net

**REGISTRATION DEADLINE**

Registration closes March 1, 2010. 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 likely start the fourth weekend of April 2010 (to be confirmed by Field Coordinator). Games are played Saturday and Sunday afternoons. You will be notified of your team placement in early April. If you are not be able to attend most of the scheduled games, please consider signing on as a designated substitute (Division B) or contact the Division Coordinator.

**ELIGIBILITY**

Women 23 years old by April 24, 2010 (or older) for A division. Women 25 years old by April 24, 2010 (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-Farrar 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 (B only)

Returning Player - Which team did you play on? \_\_\_\_\_

- Do you wish to be moved to another team? \_\_\_\_\_

Team request: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> 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 \_\_\_\_\_

**ALL PLAYERS MUST COMPLETE WAIVER ON REVERSE SIDE**



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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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_