

West Hartford Youth Soccer Association

FALL 2007 REGISTRATION FORM



Fall Soccer 2007

Recreational Teams:

Training (U7) Mites (U9) Juniors (U11) Seniors (U14)

PLEASE READ THIS FIRST: This form is intended for the registration of all eligible players wishing to play recreational soccer in the Fall of 2007. Registration is **ONLY** open to children living in West Hartford who were born between January 1, 1993 and December 31, 2001. The registration deadline is **June 30, 2007**; any registration forms received after that date will incur a \$10 late fee. Acceptance after that date depends upon availability of team openings, coaches, and fields!

NOTICE: All Training Division children and players new to the League must provide a copy of their birth certificate with registration form. Incomplete forms will be returned.

Registration for Indoor and Travel teams and for the Spring Recreational program will be held separately.

Registrants must play in the division by their year of birth, as follows:

Training (U7)	Open to players born in 2000 & 2001	Junior (U11)	Open to players born in 1996 & 1997
Mites (U9)	Open to players born in 1998 & 1999	Senior (U14)	Open to players born in 1993, 1994 & 1995

Important: Please note that the West Hartford Girls Soccer League also sponsors a program for Training and Mites age girls. *The WHYSA program offers the only coed experience for these age groups.* Please decide which program is right for your child prior to registration. You may pick up Girl's forms at the Leisure Services Department in the West Hartford Town Hall. **Do not use this form for the Girls League.**

Please use separate registration forms for each player being registered

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PLAYER BEING REGISTERED

NAME _____ SEX _____ Born ____ / ____ / ____

ADDRESS _____, West Hartford, CT ZIP _____ E-mail _____

PHONE _____ - _____ HEIGHT _____ WEIGHT _____ SCHOOL _____ GRADE _____
(FALL '07)

Training & Mites Only: To aid in scheduling, please circle your Game Day Preference. SAT SUN EITHER
(Please note that Training Games are played in the Morning)

Name of Team Played on In Fall-06 _____ 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 for **FALL** Recreational Soccer (except Training) **\$60** \$ _____

Training Division child or *additional* child for **FALL** Recreational Soccer: (\$50)

LATE FEE (FORMS POSTMARKED AFTER JUNE 30, 2007) **\$10** \$ _____

Players new to the league MUST provide a copy of their birth certificate with registration.

Patrons 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 how you wish your name(s) to appear on our acknowledgment and the amount. (Please contact us concerning corporate contributions)

Donation\$ _____

PLEASE MAKE CHECKS PAYABLE TO WHYSA

TOTAL:\$ _____

Mail to:



West Hartford Youth Soccer Association

P. O. Box 271059

West Hartford, CT 06127-1059

(Please don't forget a copy of your child's birth certificate if required)

Withdrawal and Fee Refund Policy: *Registration Fee is refunded if request is made in writing to WHYSA at the above address prior to August 15, 2007.*

***** VOLUNTEERS *** We need your assistance !!! Please see below:**

Volunteers

Please elaborate below if you have any soccer experience. Information concerning past play, knowledge of the game, coaching or teaching background would be most helpful, but is not necessary.

The Association is dependent on volunteers and donated services to run its programs. Please check one or more of the ways shown if you can participate.

Coach Assistant Coach Referee A team in any way Association in any way

Division Interested: ___ Training ___ Mites ___ Juniors ___ Seniors

Any Special concerns: (Days unavailable for practices or games)

Name: _____ Address _____ zipcode _____

Phone #: Home _____ Work _____ E-mail _____

Work Address: _____

Visit our Website at www.westhartfordsoccer.net

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