



REGISTRATION FORM

West Hartford Youth Soccer Association
2012 Spring Recreational Season

Junior/Senior (PICK-UP SOCCER) DIVISION ONLY
(Season Runs for 7 Weeks - End of April through mid-June)

Junior/Senior
Spring
2012

Eligibility: The West Hartford Youth Soccer Association will sponsor a Pick-Up Program of Spring Recreational Soccer in 2012 for West Hartford boys and girls born in 2001 and 2002 (Juniors) and 1998, 1999, and 2000 (Seniors). The form must be received by March 31st to be guaranteed permission to play. Forms received after March 31 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 _____ Gender _____ BIRTHDATE ____/____/____
ADDRESS _____, West Hartford, CT ZIP _____ E-Mail _____
PHONE _____-_____ Cell _____-_____ SCHOOL _____ GRADE _____

Important: Juniors and Seniors will play Friday afternoons from 5:00 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 Jr and Sr pick-up soccer only \$20 \$ _____

LATE FEE \$10 (Forms postmarked after March 31, 2012)..... \$ _____

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

ALL PARENTS, CHILDREN, COACHES, VOLUNTEERS AND OTHERS PARTICIPATING IN WHYSA AGREE TO ABIDE BY THE WHYSA CODE OF CONDUCT.



Withdrawal and Fee Refund Policy:

Registration Fee for pick-up soccer only is refunded if request is made in writing to WHYSA at the above address prior to April 15, 2012

Volunteers: WHYSA 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 BOARD OF DIRECTORS
 DIVISION SUPERVISOR ASSOCIATION IN ANY WAY OTHER _____

NAME: _____ DOB: _____ HOME PHONE: (____) _____-_____ WORK PHONE: (____) _____-_____

HOME ADDRESS: _____

HOME EMAIL (PLEASE DO NOT USE WORK EMAIL – SEE BELOW) _____

IMPORTANT: ALL VOLUNTEERS ARE REQUIRED TO FILL OUT A CONNECTICUT JUNIOR SOCCER ASSOCIATION (CJSA) VOLUNTEER DISCLOSURE FORM. PLEASE GO TO THE CJSA WEBSTIE WWW.CJSA.ORG. FAILURE TO FILL OUT THE CJSA DISCLOSURE WILL MEAN THAT YOU WILL BE UNABLE TO SERVE AS A VOLUNTEER COACH OR MANAGER. CJSA REQUIRES SUCH DISCLOSURE WITHOUT EXCEPTION. ALL VOLUNTEERS AGREE TO ABIDE BY THE WHYSA CODE OF CONDUCT. 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.

2012 Spring Soccer Registration Form for PICK-UP Soccer Recreational Program

West Hartford Boys & Girls born in 2001 and 2002(Jr's) and 1998-2000 (Sr's)

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

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

SPRING 2012 PICK-UP SOCCER REGISTRATION FORM
