

Representing Northern Heights, Roosevelt, and Silver Beach Schools Member of the Whatcom County Youth Soccer Association

Post Mark	For Club Use Paid	e Only Age Group
Coach	Birth Co	ert

Mail this form and fee payable to: **EASTSIDE SOCCER CLUB**

P.O. Box 29443

Bellingham WA 98228-1443 For more information: email

eastsidesoccer@comcast.net or call 384-6323 menu

Spring 2008 Registration

For boys & girls in kindergarten through high school Registration fee: \$57.50 postmarked by Feb 29th; \$67.50 after this date; \$48 for coaches' children. Registrations received after March 6th will be put on our waiting list.

PLAYERS LEGAL LAST NAME	LEGAL	FIRST NAME	MIDDLE INITIAL		
MAILING ADDRESS	CITY	ZIP	HOME PHONE		
BIRTHDATE	GENDER	SCHOOL	GRADE		
PARENTS NAME NEW TO EASTSIDE? (circle)	WORK OR CEL		EMAIL ADDRESS he child's legal birth certificate.		
YOU CAN MAKE A DIFFERENCE! Coach Asst. Coach Team Ma	Please circle one as volunteer	rs are greatly needed in the followin	G		
IMPORTANT INFORMATION I, the parent /guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WCYSA, its affiliated organizations and sponsors. Recognizing the possibilities of physical injury associated with soccer and in consideration for the WCYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WCYSA, its affiliated organizations and sponsors, their employees, Board members, coaches, and associated personnel, including the owner of the fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.					
Signature of Guardian	Print Guardian name		Date		
Consent for Medical Treatment (Minor) As the parent or legal guardian of the named of Dentistry. This care may be given under		for emergency medical care prescribed b	by a duly licensed Doctor of Medicine or Doctor my dependent.		
Print Parent/Guardian Name & Phone #	t/Guardian Name & Phone # Alternate Emergency Contact Name & Phone				
Signature Please list any diagnosed emotional condition	ons, medical conditions, illnesses,	Doctor's Name a allergies, or special needs:	and Phone #		
♣ Destars will so out the week	Cut and keep fo	r your records			

- Rosters will go out the week of March 3rd at the coaches' meeting.
- Players are assigned to a team by the registrar to ensure team equality. There is no refund after the first game has been played.
- Please register early as waiting to register could result in teams folding or players being turned away. It may take up until one week before the first game to set some teams so please be patient if you have not heard from a coach.
- Requests for roster changes affect more than one player or team so please be open to practice times and places.
- One hour games are played on Saturdays, March 22nd to May 10th, between 8 am and 5 pm at the Northwest Soccer Park.
- Team uniforms are provided but must be returned in good condition or a \$20 fee will be charged. Players must wear shin guards, soccer socks, and soccer shoes. Baseball cleats are not allowed.