

2009

WFC Rangers

Soccer Registration

(Please Print Clearly or Type in the Interactive Fields)



Full Legal Name as appears on Certificate of Life Birth			
Last Name	First Name	MI	Age Group
Address		City	ZIP
Birthdate	M <input type="checkbox"/> F <input type="checkbox"/>	email	
Parent/Guardian Name		home phone	work phone
Please indicate if you would be willing to volunteer in any of the following areas:			
Team Manager <input type="checkbox"/>	Parent Advisory Council Representative <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Special Events <input type="checkbox"/>

Important

I, the guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WCYSA (Whatcom County Youth Soccer Association) and its affiliated organizations and sponsors. Recognizing the possibility 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 affiliate organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities used for the Programs, against any claim 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.

Parent/guardian Name	Signature	Date
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Consent for Medical Treatment (Minor)

As the parent/legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/guardian Name	Phone	Emergency Contact Name and Phone
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Signature	Date
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Doctor's Name	Phone
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List any medical or prohibitions player has:

Mail or turn in this form and copy of participant's birth certificate to your coach or team manager.
Coaches/managers: please make a copy of this form and birth certificate for your records and carry to all games.