



Please return form to City Hall at  
 P.O. Box 199, Waterford CA or  
 312 E Street, Waterford CA  
 PH (209) 874-2328 FX (209) 874-9656  
 Additional forms can be found at  
[www.cityofwaterford.org](http://www.cityofwaterford.org)

Division:	U6	U8	U11	U14
	Birth Certificate: _____			
Payment:	Cash _____			
	Check# _____			

# CITY OF WATERFORD

## 2010 SOCCER REGISTRATION FORM

### REGISTRATION FEE \$45.00

**\$5.00 off each additional immediate family member.**  
**REGISTRATION FEE AFTER MAY 28th = \$ 50.00 DEADLINE JUNE 30th**  
**AGES 4 (by 08/01/2010) up to 8<sup>th</sup> Grade**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE  FEMALE

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ NUMBER OF PRIOR SEASONS PLAYED: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**LIST ANY MEDICAL PROBLEMS OF PLAYER:**

**\*\*\* If your child needs to be placed on the same team as a sibling, please state the reasoning:**

\_\_\_\_\_

\_\_\_\_\_

**PARENTAL SUPPORT** – Please check areas that you would be willing to help: *(All volunteers with child interaction are subject to fingerprinting.)*

- COACH                       BOARD MEMBER                       TEAM PARENT
- ASST. COACH                       REFEREE                       SPONSOR (Please ask for form)

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or 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 life, limb or well-being of my dependent.

**REFUND POLICY**

No refunds once final deadline of registration occurs unless injury or illness with proof of a Doctor’s note, child is not placed on a team, or child has moved outside City Limit’s with proof of Utility Bill.

**LIABILITY**

I, the parent or guardians of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the Waterford Parks & Recreation Youth Soccer League (WYSL), its affiliated organizations and its sponsors (“WYSL Parties”). I further grant the WYSL Parties the right to use the player’s name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player’s status as a participant in the programs. I and the player recognize that the sport of soccer has a risk of injury associated with it. I and the player also recognize that WYSL Parties will allow players to use aids to assist with mobility, vision, hearing, etc. where such aids are needed to enable certain players to participate in the sport. Such aids may increase the risk of injury from the sport. Knowing the risk of the sport including those caused by aids used by other players, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the WYSL Parties, the owners and operators of the facilities used for the program, and their respective

**SIGNATURE OF PARENT OR GUARDIAN:**

When signing below I certify that the information on this form is true and correct and that I’ve read all above Policies and Liability statements.

\_\_\_\_\_ **DATE:** \_\_\_\_\_