



2017 YOUTH SOCCER REGISTRATION FORM

Name: _____ DOB: _____
Age: _____ Grade: _____ T-Shirt Size: _____ (Please Specify Youth or Adult)
Address: _____ Youth XS - L / Adult S - XXL
Parent(s): _____
Phone: _____ Cell: _____ Work: _____
E-mail: _____
EMERGENCY CONTACT: _____ Phone: _____
Physician: _____ Phone: _____

** Are there any medical illnesses or injuries that we should know about for the protection of your child?

REGISTRATION FEES

****PAYMENT IS DUE AT TIME OF REGISTRATION****

Checks made payable to: Windsor Youth Association

One Child: \$25.00 | Two Children: \$40.00 | Family Maximum: \$55.00

RELEASE OF LIABILITY

(I) (We) _____ of (Town) _____ County of
Kennebec, State of Maine, (am) (are) the parents or guardians of (player's name) _____.

We hereby release and hold harmless Windsor Youth Association (WYA) and any of its volunteers and agents from any and all liability of whatever form and nature which may arise as a result of any injury or injuries to the above named child in the participation of any or all named activities.

It is expressly understood that the above named child could not and would not participate in the above named activity except for this release upon which WYA and any of its volunteers and agents will specifically rely.

I also accept that my insurance company or I will pay any medical care expenses or property loss.

Finally, I give permission in case of emergency to allow the staff and coaches of WYA to seek medical help for my child.

In Witness Whereof, (I) (We) hereby set (my) (our) hand(s) and seal(s) on this _____ day of _____, 2017.

Parent Signature

Guardian Signature

PLEASE DO NOT WRITE IN THIS SPACE

PAID BY: Cash Amount _____ Check Amount _____ Check # _____