

Winchester Soccer Club

Registration Form - Spring 2010 Season – www.winchesterSoccer.net

Winchester Soccer Club is affiliated with Massachusetts Youth Soccer Association (MYSA) and United States Youth Soccer Association (USYSA)

REGISTRATION FEE INFORMATION and PROGRAM DESCRIPTIONS (Please check **only one** choice.)

<input type="checkbox"/> BAYS TRAVEL SOCCER, Ages U9 and older. (Usually grades 3 and higher)	The registration fee is \$75.00	Soccer Age Groups for Spring'09 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Group</th> <th style="text-align: left;">Birth date</th> </tr> </thead> <tbody> <tr><td>U6</td><td>8/1/03 to 7/31/04</td></tr> <tr><td>U7</td><td>8/1/02 to 7/31/03</td></tr> <tr><td>U8</td><td>8/1/01 to 7/31/02</td></tr> <tr><td>U9</td><td>8/1/00 to 7/31/01</td></tr> <tr><td>U10</td><td>8/1/99 to 7/31/00</td></tr> <tr><td>U11</td><td>8/1/98 to 7/31/99</td></tr> <tr><td>U12</td><td>8/1/97 to 7/31/98</td></tr> <tr><td>U13</td><td>8/1/96 to 7/31/97</td></tr> <tr><td>U14</td><td>8/1/95 to 7/31/96</td></tr> </tbody> </table> For most players, your "U" is your school grade plus six	Group	Birth date	U6	8/1/03 to 7/31/04	U7	8/1/02 to 7/31/03	U8	8/1/01 to 7/31/02	U9	8/1/00 to 7/31/01	U10	8/1/99 to 7/31/00	U11	8/1/98 to 7/31/99	U12	8/1/97 to 7/31/98	U13	8/1/96 to 7/31/97	U14	8/1/95 to 7/31/96
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U13	8/1/96 to 7/31/97																					
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<input type="checkbox"/> SANDLOT SOCCER, Ages U6, U7, U8. (Usually grades K through 2) The Spring program for these ages is an in-town sandlot program.	The registration fee is \$75.00																					
<input type="checkbox"/> TOPSoccer (The Outreach Program for Soccer) An opportunity for all children with disabilities to play soccer.	The registration fee is \$35.00																					
Players who register late will be charged a late fee and placed on a wait list if all team rosters are full. Players and parents should be familiar with the WSC "No Jewelry Policy:" http://www.winchestersoccer.net/nojewelry.htm																						

<p style="text-align: center;">VOLUNTEERING</p> (WSC offers training to volunteers who want to coach and/or referee) Coach _____ Referee _____ Fields Setup _____ Board Member _____ Name of Volunteer _____ Telephone _____	<p>Register On-Line!</p> <p>www.winchestersoccer.net</p> Or, mail registrations to the following address: WINCHESTER SOCCER CLUB P.O. BOX 421 WINCHESTER, MA 01890
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Player's Name _____	Birth date: _____ Age (as of 7/31/2009) _____
Address _____	
Town _____	Zip _____ Telephone _____
Email: (please print) _____	
Grade Spring 2010 _____	School _____ Gender (M/F) _____
New Address? Yes ___ Total amount being paid? _____ Interested in tournament play? Yes ___ No ___	
First time registration? Yes ___ No ___ Notes _____	

Injury Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations, WSC and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and WSC accepting registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations, WSC and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized 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. I, the parent/guardian of the registrant, a minor, agree with rules of the USYSA, its affiliated organizations, WSC and sponsors, and in particular that the registrant will not be allowed to participate without my providing full medical insurance coverage. I hereby provide medical coverage for the participant with (COMPANY) _____ under POLICY NUMBER _____ and I shall maintain said policy and coverage until the registrant no longer participates in the Programs sponsored by the USYSA, its affiliates or WSC. I hereby further agree that in the event the aforementioned policy is canceled, I shall immediately notify the USYSA and its affiliated organizations and WSC and I shall not permit the registrant to participate in any USYSA or WSC Program. As the parent/guardian of the above named player, I hereby give my 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.

Parent / Legal Guardians Names _____ / _____
 Signatures _____ / _____ Date _____
 Telephone: Home _____ Alt Phone _____

Administrative Section: Check# _____ Amount Enclosed \$ _____ Date Processed _____
 # in Family Registering _____ Notes: _____