WASA PLAYER REGISTRATION

www.wadsworthsoccer.info
PO Box 504 Wadsworth, OH 44282

SEASON

WASA DIVISION
(INTERNAL USE ONLY)

PLAYER INFORMATION

LAST NAME | FIRST NAME | MALE/FEMALE | BIRTH DATE

ADDRESS

NEW PLAYER: ☐

CITY | STATE OH | ZIP

If returning player, last season played _____

KNOWN ALLERGIES/ MEDICAL CONDITIONS

LAST TEAM PLAYED ON

IF YOU DO NOT HAVE A UNIFORM, PLEASE CIRCLE THE CORRECT SIZE BELOW.

In-House (U8 and under) Jersey $16 YS YM YL AS AM (Jersey Size)
(Jerseys may be reused for all levels of In-House)

Rec League (U9 and up) Uniform $55 YM YL AS AM AL AXL (Jersey Size) Current Jersey # _____
(Includes 1 Red & 1 White Jersey, Shorts & Socks) YM YL AS AM AL AXL (Short Size)

ALL U9 AND UP PLAYERS NEED A COPY OF BIRTH CERTIFICATE AND SMALL COLOR PHOTO

PARENT/GUARDIAN INFORMATION (WILL BE USED FOR COACHES AND WASA COMMUNICATION ONLY)

FATHER'S NAME | EMAIL | ( ) HOME PHONE | /( ) CELL PHONE

MOTHER'S NAME | EMAIL | ( ) HOME PHONE | /( ) CELL PHONE

EMERGENCY CONTACT'S NAME | RELATIONSHIP | ( ) PHONE

WE NEED YOUR SUPPORT! PLEASE CHECK AREAS YOU WOULD BE WILLING TO HELP.

____ COACH
____ ASSISTANT COACH
____ TEAM PARENT
____ CONCESSION STAND
____ REGISTRATION HELPER
____ COORDINATOR/ADMIN
____ FUNDRAISING/SPONSOR
OTHER:_____

LIABILITY WAIVER FORM/ CONSENT FOR MEDICAL TREATMENT (MINOR)

I, the parent/guardian for the above child, release, discharge, and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, it's affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation. Furthermore, I hereby give my consent to have a coach, athletic trainer; emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

X _____
PARENT GUARDIAN SIGNATURE | PARENT GUARDIAN NAME (PLEASE PRINT) | DATE

(INTERNAL USE ONLY)

PLAYER FEE	$	PICTURE REC'D	YES NO (Circle One)
UNIFORM FEE	$	BIRTH CERTIFICATE	YES NO (Circle One)
DISCOUNT APPLIED	$	TOTAL PAID	$
LATE FEE	$	CHECK NUMBER or CASH	MAKE CHECKS PAYABLE TO WASA
TOTAL DUE	$	RECEIVED BY	DATE

US Youth Soccer Player Membership Form
OHIO YOUTH SOCCER ASSOCIATION NORTH