

West Hartford Youth Soccer Association
FALL 2010 REGISTRATION FORM



**Fall
Soccer
2010**

Recreational Teams:

- Training (U7) Mites (U9) Juniors (U11) Seniors (U14)

PLEASE READ THIS FIRST: This form is intended for the registration of all eligible players wishing to play recreational soccer in the fall of 2010. Registration is ONLY open to children living or attending school in West Hartford who were born between January 1, 1996 and December 31, 2004. The registration deadline is **June 30, 2010**; any registration forms received after that date will incur a \$10 late fee. Acceptance after that date depends upon availability of team openings, coaches, and fields!

NOTICE: All Training Division children and players new to the League must provide a copy of their birth certificate with registration form. Incomplete forms will be returned.

Registration for Indoor and Travel teams and for the Spring Recreational program will be held separately.

Registrants must play in the division by their year of birth, as follows:

Training (U7)	Open to players born in 2003 & 2004	Junior (U11)	Open to players born in 1999 & 2000
Mites (U9)	Open to players born in 2001 & 2002	Senior (U14)	Open to players born in 1996, 1997 & 1998

Important: Please note that the West Hartford Girls Soccer League also sponsors an all girls program. *The WHYSA program offers the only coed experience for these age groups.* Please decide which program is right for your child prior to registration. You may pick up Girl's forms at the Leisure Services Department in the West Hartford Town Hall. **Do not use this form for the Girls League.**

Please use separate registration forms for each player being registered

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PLAYER BEING REGISTERED

NAME _____ SEX _____ Born ____ / ____ / ____
 ADDRESS _____, West Hartford, CT ZIP _____ E-mail _____
 PHONE _____-_____ HEIGHT _____ WEIGHT _____ SCHOOL _____ GRADE _____
 (FALL '10)

Training & Mites Only: To aid in scheduling, please circle your Game Day Preference. SAT SUN EITHER
 (Please note that Training Games are played in the Morning)

Name of Team Played on In Fall-09 _____ Coach _____

Comments (Including Health Considerations):

Parent's Permission and Acknowledgments: I, as a Parent or Guardian of the listed candidate(s) for a position on a team in the West Hartford Youth Soccer Association (WHYSA), hereby attest to his/her physical fitness and give my unconditional approval to his/her participation in any and all WHYSA activities during the upcoming season. I assume all risks and hazards incidental to such participation, including but not limited to transportation to and from the activities, and I do hereby waive, release, discharge, absolve, protect, and agree to hold harmless WHYSA and the directors, officers, coaches, supervisors, participants, referees, persons transporting my child to and from the activities, and any other individual(s) involved in the operation or administration of the League from any damages, liabilities, and claims arising out of the injury of my child. I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian _____ DATE ____ / ____ / ____

Person to notify in the event of an emergency, if different from above: _____ Phone: _____

FEES: First Child registered for **FALL** Recreational Soccer (except Training) **\$55** \$ _____

Training Division child or *additional* child for **FALL** Recreational Soccer: (\$45)

LATE FEE (FORMS POSTMARKED AFTER JUNE 30, 2010) **\$10** \$ _____

Players new to the league MUST provide a copy of their birth certificate with registration.

Patrons Donations: Patron's donations allow the Association to offer a full range of services to the youth of West Hartford. We solicit your support. If you wish to contribute (\$10 or more) Please indicate how you wish your name(s) to appear on our acknowledgment and the amount. (Please contact us concerning corporate contributions)

Donation\$ _____

PLEASE MAKE CHECKS PAYABLE TO WHYSA

TOTAL: \$ _____

Mail to:



West Hartford Youth Soccer Association

P. O. Box 271059

West Hartford, CT 06127-1059

(Please don't forget a copy of your child's birth certificate if required)

Withdrawal and Fee Refund Policy: *Registration Fee is refunded if request is made in writing to WHYSA at the above address prior to August 15, 2010.*

Volunteers: WHYSA depends on volunteers and donated services to run its programs. We need your help! Please one or more of the ways shown if you can participate. Thank you. COACH ASSISTANT COACH REFEREE BOARD OF DIRECTORS
 DIVISION SUPERVISOR ASSOCIATION IN ANY WAY OTHER _____

NAME _____ HOME PHONE (____) ____ - _____ WORK PHONE (____) ____ - _____

HOME ADDRESS: _____

HOME EMAIL (PLEASE DO NOT USE WORK EMAIL – SEE BELOW) _____

IMPORTANT: ALL VOLUNTEERS ARE REQUIRED TO FILL OUT A CONNECTICUT JUNIOR SOCCER ASSOCIATION (CJSA) VOLUNTEER DISCLOSURE FORM ONLINE WITH CJSA. INSTRUCTIONS FOR FILLING OUT THIS FORM OUT ONLINE CAN BE FOUND AT THE WHYSA HOME PAGE (WWW.WESTHARTFORDSOCCER.NET) OR IF YOU PREFER, FORWARDED TO YOU VIA EMAIL BY CJSA AT THE HOME EMAIL ADDRESS (NOT WORK EMAIL) YOU PROVIDE US FOR THIS PURPOSE. FAILURE TO FILL OUT THE CJSA DISCLOSURE WILL MEAN THAT YOU WILL BE UNABLE TO SERVE AS A VOLUNTEER COACH OR MANAGER. CJSA REQUIRES SUCH DISCLOSURE WITHOUT EXCEPTION. THANK YOU FOR YOUR COOPERATION.

Visit our Website at www.westhartfordsoccer.net

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P.O. Box 271059
West Hartford, CT 06127-1059**

FALL 2010 Registration Form