

West Metro Soccer Club
Player Registration Form – U4 “Freedom Tykes”

Registration and payment are due by 3/05/10. Cash and check only. Can be mailed in to Tess Kaye – Registrar at 4558 Lost Mountain Ct. Powder Springs, GA 30127. They will also be accepted at the Spring 2010 Parents Meeting on February 21st from 2-4PM. For any other arrangements as needed, please contact the Registrar.

Please Print:

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Age _____ Birth Date _____ Male Female

Additional Player Information

Prior Years Played: _____ Last Team: _____

Last League and Date of Last Season Played: _____

School/Grade: _____ Any medical conditions we should be aware of? _____

Any siblings playing? _____ list names and ages _____

Please indicate here if there is a coach with whom you **do not** wish your child to be placed: _____

Help WMSC provide scholarship opportunities to kids who need assistance. Increase your registration fee by any amount, which will be used to attract and pay for under privileged kids who would like to play. To participate, please indicate the amount you would like to give in the space provided _____. Thank you for your support!

Volunteers Needed! Please check any you may be interested in:

Coach Assistant Coach Team Mom/Manager Other _____

Parent – Guardian Information

Father's Name: _____

Other phone number you can be reached at: _____

Mother's Name: _____

Other phone number you can be reached at: _____

E-mail Address: _____ New E-mail since last season

I hereby give approval for the participation of my child in any and all West Metro Soccer Club league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the WMSC and affiliated Associations, League, the Organizers, Supervisors, Officers, Directors, Participants, and Persons or Parents supervising or transporting participants to or from such activities from any claim arising out of injury to my child.

Parent/Guardian Signature: _____ Date _____

For League Use Only

Registration Fee Received:

Cash: Receipt Number _____ Check: Check Number _____ Amount Paid _____

(Amount Paid includes: _____)

Level of Play _____