Webutuck Valley Youth Soccer League 2016 Registration Form

Player name:		Male_	·	Female		
Address:						
Age (as of September 1, 2016)	Grade (as of	September 1, 2	2016) _			
Mother's name		Mother's cell	#			
Father's name		Father's cell	#			
Home phone	Email					<u>.</u>
Emergency contact		_ Emergency #	‡			
Legal Guardian name	cell #					
Shirt size (please circle) YS(4/Short size (please circle) YS	5) YM(6/7) YM	YL(8/10) YL	AS AS	AM AM	AL AL	
\$45.00 – Tiny Tots program as \$60.00 – individual player grad \$10.00 – late registration fee (Register by mail to: Allen Lazaru	des 1 st -7 th (Saturda (received after Augu	y games and 1 ust 6 th) unifori	practions will	be orde		8th
	e check made out to		120			
Please indicate how you would like coach field preparation		ogram				
I, the parent/guardian of the registrant, a players, parents and coaches. I know that prevent all injuries to players, and do her Valley Youth Soccer, Inc., its coaches, agentiabilities, damages, claims, or demands with minor's attendance in the program. Parent/Legal Guardian Signature:	t by participating in soc eby waive, release, abso nts, organizers, supervi whatsoever on account o	ccer there may be olve, indemnify ar sors, participants of any injury or ac	injuries and agree and the because in	and prote to hold h Town of a wolving s	ective equi armless th Amenia fro	ipment does not ne Webutuck om all causes,
Parent/Legal Guardian Name (print):						
Please indicate any physical limitations y	our child may have (all	ergies, sight, hear	ing, etc.)			
Office use only						
Data received: Amount re	acoived	Cach	Chock #			