



**\$100 DEPOSIT IS DUE AT TRYOUTS**

## WARSAW TRAVEL SOCCER CLUB

### U15-U18 PLAYER REGISTRATION FORM FOR SPRING 2011

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Players Birthdate (MM/DD/YY): \_\_\_\_\_ Gender: Male or Female (Please circle one)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

High School Currently Attending: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its organizations, and sponsors, extending to and including the Warsaw Travel Soccer Club. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, (the "Programs") I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, extending to and including the Warsaw Travel Soccer Club, their employees, and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on the 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.

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

8/1/95 to 7/31/96	U15
8/1/94 to 7/31/95	U16
8/1/93 to 7/31/94	U17
8/1/92 to 7/31/93	U18

Registration paid  
Check# \_\_\_\_\_  
Cash \_\_\_\_\_

(This form can no longer be sent via the internet. You must print and bring a hard copy to tryouts)