



**WILLISTON YOUTH CO-ED SOCCER  
2014 REGISTRATION  
REGISTRATION: AUGUST 1 – 19**

- Ages: 9 - 12
- Must be 9 by September 1 and cannot be 13 before November 1
- Registrations will be taken at Town Hall.
- All players report to the Academy Street Field on Monday, August 25 at 6:00 p.m.
- Fee: \$25.00

.....  
**AGES 9 - 12**

NAME: \_\_\_\_\_  Male  Female

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

JERSEY SIZE: S M L XL XXL ADULT  
S M L YOUTH

INSURANCE COMPANY: \_\_\_\_\_

I, parent or guardian of the above candidate for a position in above mentioned soccer program, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, from any claim arising out of an injury to the player. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment. The above listed insurance will be the primary carrier should any injury occur. If no insurance is listed, I will personally be responsible for any and all medical costs.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

.....  
**TO BE COMPLETED BY TOWN CLERK:**

FEE PAID: CHECK: \_\_\_\_\_ CASH: \_\_\_\_\_ DATE: \_\_\_\_\_