

## Warren United Soccer Club Registration Form

**Player Information**

**Sex** M F

**Birth Date** \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Init.** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Uniform Size**

**Shirt** YM YL AS AM AL AXL **Parents email** \_\_\_\_\_

**Short** YM YL AS AM AL AXL **Players email (Optional)** \_\_\_\_\_

**Circle Position or Positions Desired**

**Goalie**      **Defender**      **Midfielder**      **Forward**

(The coach will determine final positions)

**Will you be playing another sport in the Spring?** No Yes **What Sport?** \_\_\_\_\_

**Medical Concerns**

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**Parental Information**

**Fathers Last Name** \_\_\_\_\_ **Fathers First Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Fathers Cell Phone** \_\_\_\_\_

**Mothers Last Name** \_\_\_\_\_ **Mothers First Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Mothers Cell Phone** \_\_\_\_\_

**Please help support our club. Please check something you are willing to help with.**

**Parent Representative** \_\_\_\_\_ **Newsletter** \_\_\_\_\_ **Field Painting** \_\_\_\_\_ **Advertising** \_\_\_\_\_

**Do you have a coaching license?** YES \_\_\_\_\_ NO \_\_\_\_\_ **Are you willing to coach or assist?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes what level?** F E D C B A \_\_\_\_\_

**Name of person with license?** \_\_\_\_\_

**RELEASE**

This release is made to allow my/our child to participate in the Warren United Soccer Club Team Tryouts and recognize that my/our signature on this release is a condition of our permitting my/our child to participate. I/We certify that my/our child is in excellent physical health, there are no physical limitations to my/our child to participate in this program, may participate in strenuous and hazardous physical activities, and grant permission for my/our child to receive emergency medical treatment if needed. I/We hereby release and discharge Warren United Soccer Club, Washington Twp. Washington Boro, Mansfield Twp, Franklin Twp., White Twp., club evaluators, volunteers, coaches, and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage and/or other loss suffered by my/our child in connection with his/her participation in this program. I/WE represent that I am/We are the parents/guardians of the minor named above, and I/We agree that the grant and releases contained therein binds me/us and the minor to all of its terms.

\_\_\_\_\_  
**Parent/Guardian Signature**      **Date**

\_\_\_\_\_  
**Parent/Guardian Signature**      **Date**