

Windsor Area Recreation Commission
Soccer Program Registration & Parent Permission Form
(Please Print)

Today's date:		Season: <input type="checkbox"/> Spring <input type="checkbox"/> Fall _____ (year)			
PLAYER INFORMATION					
Player's Last Name:		First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #:
Street Address:		City/State:	Zip Code:	Age as of 7/31/2010 :	Birth Date:
School and Grade:			Parent E-Mail Address:		
TEAM INFORMATION					
Has child played before?: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Age Division (As of 7/31/2009): Every effort will be made to place each player on the age appropriate teams provided enough players have registered. All age divisions may not be available each year and you will be contacted if an age division change is required.</i>			
Previous Team/Coach:		<input type="checkbox"/> U-6 08/01/04 to 07/31/06 <input type="checkbox"/> U-12 08/01/98 to 07/31/99 <input type="checkbox"/> U-17 08/01/93 to 07/31/94 <input type="checkbox"/> U-8 08/01/02 to 07/31/04 <input type="checkbox"/> U-13 08/01/97 to 07/31/98 <input type="checkbox"/> U-18 08/01/92 to 07/31/93 <input type="checkbox"/> U-9 08/01/01 to 07/31/02 <input type="checkbox"/> U-14 08/01/96 to 07/31/97 <input type="checkbox"/> U-19 08/01/91 to 07/31/92 <input type="checkbox"/> U-10 08/01/00 to 07/31/01 <input type="checkbox"/> U-15 08/01/95 to 07/31/96 <input type="checkbox"/> U-11 08/01/99 to 07/31/00 <input type="checkbox"/> U-16 08/01/94 to 07/31/95			
Team: <input type="checkbox"/> Travel Team <input type="checkbox"/> Recreation Team					
Uniform # Current # _____ Preferred # _____					
PARENT/GUARDIAN INFORMATION					
First and Last Name of Parent/Guardian #1:		Home Phone #:	Cell Phone #:	Relationship to Player:	
First and Last Name of Parent/Guardian #2:		Home Phone #:	Cell Phone #:	Relationship to Player:	
EMERGENCY INFORMATION					
Name of other adult to contact in case of emergency:		Phone #:	Preferred Hospital:		
Family Doctor:			Phone #:		
Please list medical conditions including allergies (especially to insect bites/stings), along w/instructions for treatment:					

Additional Documentation required at time of registration: (Players U-8 and above)

- | | |
|--|---|
| 1. Copy of Birth Certificate (required by EPYSA) | 4. 1" x 1" Player photo (attached to registration form where indicated) |
| 2. RG-6 Form (required by EPYSA) | 5. Player's signature (on registration form where indicated) |
| 3. PS-1 Form | 6. Parental Pledge |

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the Windsor Area Recreation Commission Soccer Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, and paralysis. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, their respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment. I also give permission for my child's picture to be used for promotional purposes.

Signature of Parent/Guardian

Date

Registration Form Continued on Back

Player Signature:

Attach
photograph
here

I will support the Windsor Area Recreation Commission Soccer Program as: (please ✓ all that apply)

Team Coach / Assistant Coach (Please Circle)

Fundraising Committee Member

Sport Picture Coordinator (Coordinates photos for all teams)

Program Participation:

Due to limited resources, it may become necessary to limit enrollment in the WARC Soccer Program. Every effort will be made to place all registrants on a team. Windsor Borough and Township residents will receive priority. WARC will refund the registration fee to any non-Windsor Borough or Township resident excluded from the program.

Inclement Weather:

It is at WARC's discretion to cancel or reschedule missed practices and games, due to inclement weather. The weather forecast is out of WARC's control.

Resident Status: (please ✓ one)

Resident:

Windsor Borough
 Windsor Township

Non-Resident:

Felton Borough
 Red Lion Borough
 Other

Registration Fees: There is a \$5.00 family discount if you register more than one child from the same address.

Program	Resident	Non-Resident	Uniform	Includes
U-6	\$45.00	\$55.00	T-Shirt included in cost of registration.	T-Shirt, trophies, and End of Season party
U-8 and above	\$70.00	\$80.00	Team jerseys are required at an additional cost of \$21 (includes Jersey Shirt only). This is a one-time fee unless your child grows out of the jersey, then you must purchase a new one. <u>Black shorts and plain dark green socks are required and to be purchased on your own.</u> NOTE: If your child has a uniform from the prior U8 and above season, it is not necessary to purchase another uniform.	All league, national and referee fees, equipment for field. Trophies provided for U-8 and U-10 teams, plus end of season party money. U-11 and above, money is provided for end of season parties.

Donate a slightly worn Windsor Soccer Jersey that your child has grown out of for another child to wear! First come, first serve during registration. FREE!

A late fee of \$10.00 will be assessed for registrants submitting forms after: May 14, 2010!

Team Counts are due to league-June 4th for Fall 2010 season.

Please make all checks payable to WARC. (Note: there is a \$20 fee for all returned checks) **No refunds unless the player is physically unable to play due to injury.** Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. **No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.** No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. with special request being considered when possible. If a request is made to transfer a player from one team to another, a \$10.00 transfer/release fee will be charged to family.

POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:

Smoking and/or use of all tobacco and alcohol products by players, coaches or spectators on any Windsor Area Recreation Commission facility or grounds before, during or after any organized recreation event or program is prohibited.

This section to be completed by: WARC Soccer Registration Committee

Registration Fee: \$ _____ Received: (Check all that apply)
 RG-6 PS-1 Birth Certificate Player Photo Player Signature Parental Pledge

Uniform Fee: \$ _____ Jersey Order Form
 Cash Check # _____ Credit Card# _____

TOTAL FEE: \$ _____ VISA or MC accepted. Exp. Date: _____