

WAM United Soccer Club

Fall 2011 Registration

Please Complete and Return One Form per Player

Visit us at www.WAMUnited.com

D4 D5 G B I-W I-A I-M

Official Use Only

Date:

Fee:

Check #

Check here if Contact Information Has Changed and Correct Below

Name _____
 Address _____
 Town _____ Zip _____
 Birth Date _____ Gender _____
 E-Mail _____
 Phone _____ Alt Ph. _____
 Parent/guardian _____
 Parent/guardian _____

PLEASE FILL IN: Grade in the fall

"We NEED volunteers!" Are you willing to:
 Coach Assistant Coach Other

Would you like to receive WAM bulletins by e-mail?
 (please provide e-mail address above) Y/N _____
 Consent to post players picture on our website
 (No names will be used) Y/N _____

To notify in an emergency, other than parent:
 Doctor.....Phone.....
 Dentist.....Phone.....
 Person.....Phone.....

List any medical problems or prohibitions player has or medications
 that the coach should be aware of:.....

Programs and Fees

___ Sat. Instructional, grades 2 and younger.....\$30.00
 Pick town - Ashford Mansfield Willington
 No Deadline or Late Fee

___ U8 Intertown recreational league..... \$40.00
 Pick town Mansfield Willington
 fee

___ Division 3 or 4 (Competitive), grades 3-8 \$55.00
 Late registration is not allowed.

___ Division 5 (Recreational), grades 3-8 \$55.00
 Late Fee if mailed after August 13 \$10.00

___ Division 5 (Recreational), grades 9-12\$20.00
 Coed High School "Pick Up"
 No Deadline or Late Fee

Amount Enclosed \$ _____

\$120 Family Maximum (each season) if submitted on
 time. Late fees still apply if not submitted on time.
 Sliding scale payment is available

Please make checks payable to and mail to:
 WAM United P.O. Box 434 Storrs, CT 06268

Registration Deadline August 13, 2011

**WAM must keep a birth certificate (copy) on file
 for all D3, D4 and D5 players. Please submit a
 birth certificate copy with this form if this is your
 FIRST season playing with WAM.**

Please refer to the WAM website for more
 information. wamunited.com. Send questions about
 registration to wamreg@WAMUnited.com.

Release, Waiver, Assumption of Liability, and Consent for Medical Treatment of Minors

RELEASE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. 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, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, Mansfield Lions Club Inc., Mansfield Recreation Park Inc., and the Towns of Willington, Ashford and Mansfield, against any claim by or on 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.

CONSENT FOR MEDICAL TREATMENT (Minor): As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I certify that the information contained on this form is accurate and complete.

Signature.....Relationship.....Date.....

Medical Insurance Carrier and Policy Number.....