



# THE WHARTON SOCCER CLUB, INC.

## 2006 FALL REGISTRATION FORM

\$30 Fee by June 17<sup>th</sup> - \$45 Fee after June 17th

Player's Name: _____ First Name                      Last Name		Birth Date: ____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____ Street Town                      State                      Zip Code		Phone: _____ - _____ email: _____
Medical Insurance Plan: _____ Insurance Company		Policy #:
Family Physician: _____ Phone: ____ - _____ Indicate medical allergies, chronic illnesses, or other medical conditions:		
<u>Shirt Size:</u> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/>	<u>Short Size:</u> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/>	

I/We, the parents of the above named player, do hereby give my/our approval for the said named player to participate in all soccer activities associated with The Wharton Soccer Club, Inc. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release and absolve, indemnify and agree to hold harmless The Wharton Soccer Club Inc., its members, supervisors and participants, from claims arising out of injury to my/our player, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return to The Wharton Soccer Club, Inc., upon request, the uniform issued to my/our player in as good a condition as when issued, except for normal wear. I/We will furnish a certified birth certificate of the above named player to The Wharton Soccer Club, Inc. and its officials upon request.

As a parent and/or guardian of above named player, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT COMPLETE AREA BELOW – TO BE COMPLETED BY WSC OFFICIAL ONLY.**

I have examined this application and supporting proof of age and find both to be in accordance with the rules and regulations of The Wharton Soccer Club, Inc. (WSC).	
WSC Official: _____	Date: ____/____/____
Registration Fee: \$ _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Division	AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>