

WEST PLAINS SOCCER ASSOCIATION
INDOOR LEAGUE REGISTRATION FORM

Last Name _____ (Please Print Everything Legibly)

First Name _____ Middle Int _____

Birth Date ____ - ____ - ____ Social Security # ____ - ____ - ____
Year Month Day

Address _____

City _____ State _____ Zip _____

Telephone _____ - _____ - _____ Sex ____ Activity ____ Lic ____
For Sex - M or F. For Activity - Player (P), Coach (C), Assistant Coach (K), Team Manager or Board Member (M)
For Lic - Coaches Licence Level

Father's Name - Work Phone _____

Mother's Name - Work Phone _____

Emergency Name - Phone _____

Doctor's Name - Phone _____

I, an adult registrant or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the West Plains Soccer Association (the "WPSA"), and the West Plains Civic Center (the "WPCC"). Recognizing the possibility of physical injury associated with soccer and in consideration for the WPSA accepting the registrant for it's Indoor Soccer League (the "Program"), I hereby release, discharge, and/or otherwise indemnify the WPSA and the WPCC, their affiliated organizations and sponsors, their employees and associated personnel, including board members, managers, coaches, referees, and the owners of the facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. Also, in the case where I am the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly 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 or in the case where I am an adult registrant, of me.

Name _____
Parent/ Legal Guardian or Adult Registrant (please print)

Signature _____ Date _____
Parent/ Legal Guardian or Adult Registrant

Address _____ City _____ ST _____