



West Virginia Soccer Association

MEMBERSHIP FORM

OFFICIAL USE ONLY	
Registration Fees:	\$ _____
Player Fee	\$ _____
Coaches Fee	\$ _____
Other	\$ _____
TOTAL PAID	\$ _____
Cash: _____	Check # _____
Credit Card _____	
Pictutre:	Yes _____ No _____
Birth Certificate Verified	Yes _____ No _____

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Birth Date _____ Male _____ Female _____
 US Citizen ____ Yes ____ No Parent Email Address _____

Are you or do you plan to register on another team during the current Seasonal year (September 1 thru August 31)
 If yes, please complete:
 League Name _____ State _____ Team Name _____ Age Group _____
 Please check Type of Team: Recreational Team _____ Competitive Team _____

Father's Name _____ Occupation _____ Cell # _____
 Mother's Name _____ Occupation _____ Cell # _____

IMPORTANT
 I, parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WVSA; its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WVSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WVSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, 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.

Print Name: _____ Parent/Legal Guardian
 Signature: _____ Date: _____

[] I do not authorize West Virginia Soccer Association to include my child(ren)'s information in any lists which are sold to vendors. My child(ren)'s contact information is to be used for WVSA-related business only.

Uniform Sizes ___ Youth ___ Adult Shirt XS S M L XL Shorts XS S M L XL Socks XS S M L XL	Other Children from Same Family registered with this league Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____	PARENTAL SUPPORT We ask for active participation of all parents in our program. Circle area(s) in which you would be willing to help. Coach _____ Committee _____ Asst Coach _____ Referee _____ Team Manager _____ Fund Raising _____ Team Parent _____ Special Projects _____ Concessions _____ Donation _____ Board Member _____ Newsletter _____ Field Preparation _____ Clerical _____ Other _____
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List any Medical problem or prohibition the player has: _____

 Person to notify in emergency: _____ Telephone: _____
 Doctor to notify in emergency: _____ Telephone: _____
 Number of prior seasons played: _____ League _____
 Last Season Played _____ Rec ____ Travel ____ Middle School ____ High School ____
 Height: _____ Weight _____ School: _____ Grade _____