

**Adult CO-ED Division**  
**Westfield Youth Soccer Association**  
P.O. Box 346, Westfield, IN 46074  
**2006-2007 Season**

Players Name (Please Print):

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_ Age \_\_\_\_\_ Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size \_\_\_\_\_

Your Soccer Skill Level: A \_\_\_\_\_ (Current/Past Competitive Player, or Excellent Ball Control, or Score at Will, etc.)  
B \_\_\_\_\_ (Have Played Before, or Generally Athletic, or Good Ball Handling Skills, etc.)  
C \_\_\_\_\_ (New to Game, or Only Played 1 or 2 Seasons, or Generally Not Athletic, etc.)

NOTE: Advanced players will be distributed evenly across teams in an effort to match general skill levels. If you indicate a team preference, we will attempt to place you on the team you desire but there are no guarantees.

Notes: \_\_\_\_\_

**Consent for Medical Treatment**

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being.

**Waiver of Liability**

In consideration of the athletic opportunities provided by the Association, I do hereby release or otherwise indemnify Westfield Youth Soccer Association of Westfield, Indiana, its affiliate organizations, all sponsors whether of the Association or affiliated organizations, their employees and associated personnel, including the owner of the fields and facilities utilized for Westfield Youth Soccer Association programs, against any and all claims by or on behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in Westfield Youth Soccer Association Programs and/or being transported to and from such programs or related activities. The undersigned acknowledges that in any athletic endeavor and upon a proper review of the program outlined by the Westfield Youth Soccer Association, serious injuries can and may result. It is the expressed intent of the undersigned to release and forever waive the Westfield Youth Soccer Association from any and all liability arising from such injuries.

I, the undersigned registrant, do hereby give my consent to participation in the programs and activities of the Westfield Youth Soccer Association.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

List any medical problems or prohibitions \_\_\_\_\_

Special Notes \_\_\_\_\_

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**Fees to Play**

Team Fee (\$220/# on team) = \$ \_\_\_\_\_ Registration Fee = \$25.00 Shirt (\$5.00) Size \_\_\_\_\_

Total amount due \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_