

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Players Uniform Size:** (circle) Adult / Child S - M - L - XL

**WYSA Coach Last Season:** \_\_\_\_\_

*Waynesboro Youth Soccer Association is a volunteer organization.*

*Please choose how you can help from the choices below.*

*If you do not see something that you would like to do, just write in your own!*

## Volunteer Help Sheet

Volunteer Name: \_\_\_\_\_

Volunteer Phone: \_\_\_\_\_

**CHOOSE AT LEAST ONE:**

Head Coach\*\*

Concession Stand

Assistant Coach\*\*

Sponsor

*\*\*If coaching - choose your preferred practice nights:\*\*  
Mon/Wed    Tues/Thur*

*Team* \_\_\_\_\_ (\$160)

*Child* \_\_\_\_\_ (\$45/\$85)

*Tournament:*

*\*4v4* \_\_\_\_\_

*\*Fall Finale* \_\_\_\_\_

**\*\*Coach's Shirt Size:** \_\_\_\_\_

Tournament Help

(June & November)

Clean Restrooms

Other: (explain below)

None (MUST EXPLAIN BELOW!)

# Waynesboro Youth Soccer Association Registration

## For Coed Recreational Players (Non-Travel)

Child's Age as of July 31, 2011: \_\_\_\_\_ "Play up" if available? Yes / No

---

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Shirt Size (circle):** Youth / Adult S M L XL **Seasons of Soccer Experience** \_\_\_\_\_

Parent/Guardian ***Email*** Address (***Required***) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Emergency Information: (If unable to reach parent at above number)

Contact 1 \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact 2 \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

---

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_

---

### Release Statement

I, the parent/guardian of the registrant, a minor, recognizing the possibility of physical injury associated with soccer and in consideration for the Waynesboro Youth Soccer Association (WYSA) accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WYSA, its 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.

PARENT/GUARDIAN OR AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

### Special Requests:

**PLEASE NOTE:** We can NOT guarantee a particular coach or teammate – we will do our best. If you have a night of the week that you need/unable to attend, we will do our best to accommodate.

**Player's preferred practice nights:  
(if available)**

Mon/Wed

Tues/Thurs

No Preference