DSWORTH AMATEUR SO		A STATE	Print Form
EASON: C Spring C Fall PLAYER INFORMA	www. 390 Trease	AYER REGISTRATION wadsworthsoccer.com Road Wadsworth, OH 44281	WASA DIVISION (INTERNAL USE ONLY)
LAST NAME	FIRST NAME	MALE/FEMALE	BIRTH DATE (MMDDYYYY)
ADDRESS	<u>OH</u>		NEW PLAYER: 🕅 HER'S BIRTHDAY (MMDD):
CITY KNOWN ALLERGIES/ MEDICAL	STATE ZI	IF If Returning Playe	

IF YOU DO NOT HAVE A UNIFORM, PLEASE ORDER ONLINE:

## Jersey order URL: https://wasa2024.itemorder.com/shop/sale/

## PARENT/GUARDIAN INFORMATION (WILL BE USED FOR COACHES AND WASA COMMUNICATION)

TEAMWORK + RESPECT + SPORTSMANSHIP

FATHER'S NAME EMAIL						HOME	PHONE	CELL PHONE			
MOTHER'S NAME EMAIL		HOME PHONE				CELL PHONE					
EMERGENCY CONTACT'S	NAME	RELATI	RELATIONSHIP			PHONE					
	WE NEED	YOUR SUPPORT	PLEASE CHECK	AREAS YOU V	NOULD	BE WIL	LING TO HE	LP.			
Head C	🗌 Head Coach 📄 Assistant Coach 📄 Fundraising / Sponsor 📄 Coordinator/Administrator										
Liability Waiver Form / Consent For Medical Treatment (MINOR) / GAASA Player Release & Code of Conduct											
facilities utilized again coach, athletic trainer and agree to be resp terms of the GAASA I Registration form, I a	nst any claim by ; emergency pe onsible financia <u>Player Release V</u> acknowledge th	or on behalf of the i ersonnel and/or doct illy for the reasonab <u>Vaiver and Code of</u> nat: I am the paren	registrant as a result of tor of medicine or den le cost of such assista <u>Conduct which can be</u>	his or her parti tistry provide n nce and/or trea <u>e found at: http</u> to consent or	icipation. ny son/da atment. <u>]</u> <u>p://www.c</u> n the pla	Furthe lughter <u>Fravel</u> <u>p</u> laasa.o yer's b	ermore, I hereb with medical <u>players only: I</u> rg/. By signing ehalf; I have	ng the owners of fields and by give my consent to have a assistance and/or treatment <u>have read and agree to the</u> g below and submitting this reviewed this form and the ms and conditions.			
PARENT GUARDIAN SIGN	ATURE		PARENT GUARDIAN NA	ME (PLEASE PRI	NT)		DATE				
Cost to Play: U4/l	J5: \$70   U6: \$	85   U7/U8: \$95   U	J9-U14: \$125 (Full Pa	ayment due w	vith Regi	stratio	on - Make Ch	ecks Payable to WASA)			
PLAYER FEE	\$		(INTERNAL US	,							
UNIFORM FEE	\$		PICTURE REC'D BIRTH CERTIFICATE	YES		NO NO	(CircleOne) (CircleOne)				
DISCOUNT APPLIED	\$			\$	5	NO	(oncie one)				
LATE FEE	\$		CHECK NUMBER or CASH			MAKE CHECKS PAYABLE TO WASA					
TOTAL DUE	\$				DATE	PLAYER ADDED TO WEB					

US Youth Soccer Player Membership Form OHIO YOUTH SOCCER ASSOCI ATION NORTH