

Player Information: Male _____ Female _____ Age on August 1, 2011 _____

Name: (Last) _____ (First) _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Email Contact 1. _____ Email Contact 2. _____

Date of Birth: _____ (Home Phone) _____

Father: (Name) _____ (Phone) _____ / _____

Mother: (Name) _____ (Phone) _____ / _____

School and grade entering in September 2011. School _____ Grade _____

Coach Request _____ Years Played _____

Every effort will be made to place your child on a team. In some instances this is not possible due to the number of children signed up in a particular age group. You will be notified by June 15. You will have the option of being placed on a waiting list or getting a refund.

Coaches Medical Release Form: I hereby authorize the staff of WHK Soccer Club to act for me according to their best judgment in any emergency that requires medical attention. I hereby release WHK Soccer Club for any and all liability of any injuries or illness incurred while in this program.

Other Emergency Name: _____ Relationship _____ Phone _____

Doctor to Notify in case of Emergency: _____ Phone _____

Special Medical Needs: _____

Signature of Parent or Guardian: _____

Please indicate the league your child will be entering in September 2011

Micro League (Kindergarten, 1st & 2nd grade) Registration Fee \$30.00 \$ _____

Recreational League (U-9, U-10, U-11, U12, U-13, U14) Registration Fee \$60.00 \$ _____

Uniform (for Recreational League only)

Jersey / Shorts / Socks **(\$35.00)** Uniform Fee \$ _____

Uniform Sizes _____ Circle size _____

Jersey: YM YL AS AM AL **Shorts:** YM YL AS AM AL **Socks:** S M L

Add \$20.00 for registration submitted after June 1 Late Fee \$ _____

Volunteer/Sponsor Information: _____ **Coach** _____ **Assistant Coach**

WHK Soccer Club prides itself in keeping cost low for participation in team sport activities. Volunteers are always needed and appreciated

Please consider donating \$30.00 if you choose not to volunteer Donation Fee \$ _____

Team Sponsor: Sponsor Name _____

Team Sponsor Fee \$175.00

Sponsorship \$ _____

Scholarships or general support sponsor Sponsorship \$ _____

For official use only: Date Received _____ Recd by: _____

Cash \$ _____ Check \$ _____ Ck # _____ Siblings _____ Amount Due \$ _____