

Wayne Wings Soccer Club Registration Form

(Please Print Clearly)

Last Name _____	First Name _____	MI _____
Address _____		Town _____
Zip _____	Area Code / Phone _____	Birthdate _____ / _____ / _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female
School _____	Grade _____	
Father's Name _____	Bus Phone _____	
Mother's Name _____	Bus Phone _____	

***** Please provide a valid email address *****

Other family members presently in club

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Age	Team

Volunteer Agreement

Every family is required to volunteer service to the Club as part of their obligation as members. Typically this service involves working a 4 hour block during our Annual Indoor Tournament, or by serving as a Coach, Assistant Coach, Team Manager, Committee Member, or Board Member. If you are not able to volunteer, you can satisfy this obligation by paying a \$75 buyout fee. Indicate your choice by signing in the appropriate spot below. Failure to agree to volunteer will result in your registration not being accepted.

X I agree to volunteer as part of my membership obligation.

X I am unable to volunteer and will pay the buyout fee.

Recognizing the possibility of physical injury associated with soccer and in consideration for the WWSC (Wayne Wings Soccer Club) /USSF/USYSA, accepting the registrant for its soccer Programs/Tournaments and activities. I hereby release, discharge and or otherwise indemnity the WWSC, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields and facilities used for the Programs / Tournaments and activities against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs / Tournaments and activities or being transported to or from the same, which transportation I here by authorize.

Name _____ Signature _____ Date _____

CLUB USE ONLY

Picture Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team U _____	League _____
Birth Date Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coach _____	Pass # _____
Uniform Order Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Ck. # _____	Cash _____
Registrar's Initials: _____	Registration Fee		