

Fall 2010

Check if returning WBRSA player

# West Baton Rouge Soccer Association Registration Form

League Use only:

- Age Group \_\_\_\_\_
- Paid (C/Ck) \_\_\_\_\_
- Amt. (F = Family) \_\_\_\_\_
- Check # \_\_\_\_\_
- B.C. \_\_\_\_\_

**Player Information (please print clearly):**

Check if additional siblings signed up for Fall 2010 # \_\_\_\_\_

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

Sex: Male Female (circle one)

Mailing Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Age Group Fall 2010: \_\_\_\_\_

Team Played on Fall 09: \_\_\_\_\_ Number of Seasons in Soccer: \_\_\_\_\_

T-Shirt size (circle): Yxs, Ysm (6-8), Ymed (10-12), Ylg (14-16), Small, Medium, Large, XLarge, XXLarge

Shorts size (circle): Yxs, Ysm, Ymed, Ylg, Asm, Amed, Alg, Axl

## A. Parent Information:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (O) \_\_\_\_\_

(C) \_\_\_\_\_ (O) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

(Please write email address so that it is readable and exactly as it must be entered; i.e. case sensitive, etc.)

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

## B. Association Support:

WBRSA needs your support. In order for the league to provide the best experience for your kids we need as much support as possible from the family members. If you or someone you know are willing to assist in any way please indicate below:

Coach or Assistant Coach (please circle one) Name: \_\_\_\_\_

Other (list) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Sponsor: Company \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
(S250 per Team) \*fill in contacts name/info.

## C. Waiver:

I, the undersigned parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules, regulations and policies of the Louisiana Soccer Association (LSA), the WBR Soccer Association (WBRSA) and their affiliated organizations (LSA Parties). Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the soccer programs, and intending to be legally bound, I hereby release and indemnify the LSA Parties and the WBRSA, their affiliated organizations, and all persons, officers, coaches and officials, including the owners of fields and facilities used in the programs, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the registrant's participation in the programs including, without limitation, registrant's transportation to/from any program. I further grant the LSA Parties the right to use the registrant's name, picture and/or likeness in printed, broadcast, web based and other material concerning the programs provided such use is related to the registrant's status as a participant in the programs.

PARENT/GUARDIAN (Signature): \_\_\_\_\_ DATE: \_\_\_\_\_