

Player Registration Form  
Fall 2008



**West-Mont United**  
**Soccer Association**  
Character - Sportsmanship - Teamwork



**WE ENCOURAGE ONLINE REGISTRATION – fast, simple, secure** at [www.WestMontUnitedSoccer.org](http://www.WestMontUnitedSoccer.org)

Has this child played for West-Mont United Soccer before? Yes  No  If so, last Season: \_\_\_\_\_

Player's Last Name \_\_\_\_\_ First \_\_\_\_\_

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_ Male  Female

Medical Concerns \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_ Grade Fall 08 \_\_\_\_\_ Intramural  Travel

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

City/Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ email \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ email \_\_\_\_\_

I would like to **volunteer**: as Coach  Asst Coach  (Dad/Mom) for: (child's name) \_\_\_\_\_ Coach's Shirt Size \_\_\_\_\_

Emergency Contact: Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**NEW!** You may register up to 3 additional siblings, IF ALL OF THE ABOVE INFORMATION IS THE SAME

Name: First - Last	Birth date	Gender	Travel or Intramural	Played for WMU before?	List School & Grade in Fall 08	Medical Concerns?
		M F		Y N		
		M F		Y N		
		M F		Y N		

**Interested in Sponsoring a Team?** Check  or Contact Brian Mitchell, [Marketing@WestMontUnitedSoccer.org](mailto:Marketing@WestMontUnitedSoccer.org) for information

**NOTE:** A player must be 4 yrs old by 7/31/08 to play in our Fall season.

**COST:** **Intramural:** \$80 per player; **Travel:** \$135 per player (Travel fee includes \$20 PLAYER'S EDGE CARD FUNDRAISER. This card gives you money saving discounts when you use the key tags, plus multiple savings at many local merchants.)

*Family discount:* \$5 for 2<sup>nd</sup> child; \$10 for 3<sup>rd</sup> child. 4<sup>th</sup> child is free

**DEADLINE:** Registration forms must be postmarked by 6/16/08. Add \$10 late fee if postmarked after this date.

**MAIL ALL FORMS TO:** WMU -- PO Box 26143 -- Collegeville PA 19426

**Payment Information** (please complete) We accept Visa, MasterCard, Checks, Money Order. Checks payable to "West-Mont Soccer".

Visa/MasterCard Number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on Card \_\_\_\_\_

Check Number: \_\_\_\_\_ Total payment for ALL players: \$ \_\_\_\_\_

**Statement 1:** Parent/Guardian Volunteers: Our program relies on the extra efforts of our dedicated coaches and volunteers. **By signing this form you are acknowledging that you will be asked to volunteer in some capacity this season for the benefit of the club.**

**Statement 2:** I/we, the parent/guardian of the registrant, a minor, agree that I/we and the registrant will abide by the rules of West-Mont United Soccer Assoc. (WMU) and the EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WMU and EPYSA accepting the registrant for its soccer programs activities (the Programs), I/we hereby release, discharge and/or otherwise indemnify the WMU and EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant, his/her family members and or anyone acting 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 authorize. In the event of illness or accident occurring while the above named child is participating in the WMU program and I am not present, I/we hereby authorize treatment of any illness or injury occurring during the above. I/we hereby authorize treatment by local trained paramedics and/or hospital until such time as I can be notified. I agree to all the above for a period of one year from this signing.

**I have read and understand the above Statements 1 and 2 (forms will not be accepted if not signed)**

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_