

## WISL REGISTRATION FORM 2017

Send this form with credit card information or check payable to WISL to:

**Dave Fromer/WISL, 147 Elm Ave., Mill Valley, CA 94941**

Phone: 415-383-0320 Email: info@davefromersoccer.com

**PARENTS: This form must be filled out completely so that we can place your child appropriately. Please contact us if you need assistance.**

Player's Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Fall '16 School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Player's Soccer Experience:  Beginner  Intermediate  Advanced  Upper House/Select

Insurance Carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Tel. #: \_\_\_\_\_

Registrant is:

**Confirmed** team member – Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Unaffiliated player (to be assigned to a team) Please note coach/teammate requests here, if any. (We will accommodate requests when possible): \_\_\_\_\_

**PARENTS: Are you willing to coach/assist or serve as team parent?** (Time commitment is 1-2 hours per weekend; no prior experience is necessary) Please specify:  coach;  co-coach;  assistant coach;  team parent;  not available

### Scheduling restrictions (based on NEED only, please)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No scheduling restrictions | <input type="checkbox"/> Cannot play on Saturday before 1 pm; | <input type="checkbox"/> Cannot play on Saturday after 1 pm |
|   | <input type="checkbox"/> Cannot play on Sunday before 1 pm;   | <input type="checkbox"/> Cannot play on Sunday after 1 pm   |

How did you hear about our WISL program? \_\_\_\_\_

**FEES:** Registration received by 12/9/16 **\$185** OR Postmarked/received after 12/9/16 **\$210**

Players registering after 12/16/16 are automatically placed on a wait list and added on a space-available basis.

Please attach your check w/ registration form or include credit card information here:

Visa  Mastercard or  Check # \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# (3-digit number on back of card) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand that playing or participating in youth sports may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved in this program, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless Marin Soccer Camps, LLC, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp.

This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby consent to permit the coach and staff working at the Marin Soccer Camps, LLC to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_