WOODRIDGE SOCCER ASSOCIATION

PLAYER REGISTRATION

For WSA Use Only	
Player Entered	☐
Coach Entered	☐
Birth Certificate Checked	☐

Please take the time to complete this registration form thoroughly. Thank you

Player Information

WSA Number	Last Name:	First Name:	Sex	Division	Birthday:

Address:	City/State/Zip	Home Phone:

Father:	Home Phone if different:	Father Work Phone:	Father Cell Phone
Mother:	Home Phone if different:	Mother Work Phone	Mother Cell Phone

Sitter or Other Contact	Sitter or Other Contact Phone	E-Mail Address

This registration is for in house soccer only:

_____ I would like my child to play in next higher divsion with older players. Subject to WSA Approval..

_____ My child will be playing in BOTH the Senior and Super Senior Divisions.

Name of Sibling in same Division:

Super Senior Division (List two possible Teammates dependent upon format):

Previous Soccer Experience: In House Experience Seasons First Season WSA: _____

Traveling Experience Years

Other(Please Specify)

Player Uniform Information	**Team T-Shirt Please circle the appropriate size** **Youth sizes: SMALL, MEDIUM, LARGE** **Adult Sizes: SM, MED, LARGE, XLARGE, XXLARGE**	**Team Socks Please circle the appropriate size.** **Youth 19" Long** **Adult 24" Long**

The success of our program depends on the voluntary participation of parents/adults. Please fill in name of interested person below. For coaches, please indicate shirt size.

Coach:_____ Shirt Size: AS AM AL AXL AXXL	Coaching Partner	Assistant Coach:_____ Shirt Size: AS AM AL AXL AXXL
Coaches address and phone IF DIFFERENT from player:		Other Positions:(Name) _____ Division Coordinatior / Banquets

Physician's Name Telephone Number:

Hospital Preference:

Special Medical Information(condition, allergies, medication, etc.)

Emergency Contact Information

Name: _____ Telephone Number: _____

Relationship: _____

I(We), the parents of _____ give permision for emergency medical treatment for our child for illness or accident if we cannot first be contacted.

Parent(s) Guardian(s) Signature _____ **Date Signed:** _____