Register On-Line at www.wcyaa.com and SAVE $$$

2004 WCYAA Youth Sports Summer Soccer

Boys/Girls, Ages 4 - 10

Player Name _____

Street Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____ **E-Mail** _____

(Junior PeeWee only)

Male/Female _____ Birthdate _____ **Age as of August 7, 2004** _____ **Age as of June 19, 2004** _____

Years of Soccer Exp. _____ **WCYAA Soccer Team Played on Last Year** _____

Nearest Public School _____ **School Child Attends** _____

MEDICAL INFORMATION

Family Doctor _____ Telephone _____ Hospital _____

Medical Plan _____ Policy/Card Number _____

Are there any medical or other concerns you feel we should know about? _____

FEE STRUCTURE: (Date of WCYAA receipt shall determine amount of fee. If mailed, postmark governs)

1. "Early Bird" Fee (On or before April 30, 2004) .....$145 - maximum $290 per immediate family
2. Standard Fee (May1, 2004 and after).....$160 - maximum $320 per immediate family

I volunteer as:

☐ **Head Coach (Deduct $50)** ☐ **Assistant Coach**
☐ **Team Parent** ☐ **Sponsor ($295)**

IMPORTANT- PLEASE READ CAREFULLY

I, the undersigned, certify that I am the parent or legal guardian of the above named player and that player is in good physical condition. Further, I state that all the information given above is true and that no errors or omissions that would disqualify the player from participation have been made. Therefore, by my signature, I give consent for the above named player to participate in the WCYAA Youth Sports Program and I take full responsibility for any injuries incurred, either in transportation to or from the activity or at the activity. I authorize you to call our family physician and to take whatever emergency measures necessary to ensure the safety of the player. Players and parents agree to abide by the rules and regulations of WCYAA Youth Sports and its officials and agree to conduct themselves in a sportsmanlike manner at all times.

I UNDERSTAND THAT **THERE ARE NO TEAM PLACEMENT GUARANTEES**.
I FURTHER UNDERSTAND THAT **THE REGISTRATION FEE IS NON-REFUNDABLE**,
EXCEPT IN THE EVENT THAT MY CHILD IS CERTIFIED BY A PHYSICIAN
AS NOT PHYSICALLY FIT TO PARTICIPATE IN SOCCER AT THE START OF THE SEASON.

Signature of Parent | Name of Parent(s) | Date

WCYAA Use Only

Checked by _____ Check# _____ Check$ _____ Date _____

WALNUT CREEK YOUTH ATHLETIC ASSOCIATION

A Non-Profit Corporation
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E-mail: wcyaasports@yahoo.com

"Youth Programs are Our Business"

WCYAA YOUTH SPORTS