

West Covina Youth Soccer
Adult Co-Ed Recreational Soccer League
Player Registration

Player Name: _____ **D.O.B** _____ **Age** _____

Address: _____

Phone #: _____ **Male:** _____ **Female:** _____

Email: _____

If you are a returning player, what team did you play on? _____

If you are a new player, what team are you requesting to be on? _____

Soccer Experience:

Years of Experience (Circle one): None 1-2 3-4 5-10 10+

Player Level (Circle one): None Average Good Advanced

I am willing to be a team leader. Yes / No I am willing to be an assistant. Yes / No

I am willing to play Goalie. Yes / No

I certify that to the best of my knowledge, all of the above information is true and correct. I hereby register for participation in the West Covina Youth Soccer Adult League. I have been fully informed that with my participation, I assume all risks and liabilities for my injuries and the injuries in which I may cause to others. Further, I hereby release, absolve and hold harmless West Covina Youth Soccer Corp., City of West Covina, West Covina Unified School District and all others listed hereafter; organizers, employees, officers, board members, coaches, referees, sponsors, supervisors, and landowners permitting the use of their land for soccer activities, any and all of them. I further agree to abide by all of the rules, regulations and decisions of WCYSC board, officers, or referees. I further state that I am in compliance with the age requirements and agree to accept all disciplinary action taken by WCYSC board members, officers, and referees. I have read and understand the Rules and Regulations and agree to comply with all which pertain to me*(Note change of returning player rule)*

Player's Signature _____ **Date** _____

To be Effective, Registration must be filed with West Covina Youth Soccer Corp before any game is played. Misrepresentation in the above information can result in suspension.

Make Checks Payable to: WCYSC

League Fees are non-refundable and non-transferable

Fee:	CK/RCT #:	Date:	Rc'd By:
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