

**WHITEHORSE MINOR SOCCER
INDOOR REGISTRATION 2009/10**

Player's Name: _____ Male ___ Female ___

Address: (optional) _____

Birthdate: Day ___ Month ___ **YEAR** _____ **Very important, this determines the Division**

Plays on Rep/developmental team? Yes ___ No ___

Division: Tots 7&u ___ 9&u ___ 11&u ___ 13&u ___ 15&u ___
Born in 04/05 02/03 00/01 98/99 96/97 94/95

Number of seasons playing soccer: Outdoor _____ Indoor _____

Any **medical problems** the coach should know about: _____

Parents/Guardians:

Mother: _____ Ph# H _____ W _____

Father: _____ Ph#H _____ W _____

E-Mail: _____

We are planning to be away the following dates: _____

This information will be used in forming teams. (Who is away for tournament etc.)

We absolutely need you! Please volunteer to be:

Coach/Ass't coach: ___ Division coordinator: ___ Fax/Phone in Person: ___

Team parent: ___ T-shirt Inventory: ___ Equipment Inventory: ___

Referee: ___ Board of Directors: ___ **Sponsor:** ___

If you sponsor your child's team, please write the **name of your business** as you would like to see it on the schedule and in the papers: _____

This will ensure your child's team is named correctly (and coaches don't draft 2 sponsor kids on one team! **Please fill this out even if you already are a sponsor.**

Waiver of claim:

I, the undersigned, agree that Whitehorse Minor Soccer Club shall in no way be responsible or liable for any injury of any kind to the above registered child arising out of any operation of Whitehorse Minor Soccer. Player can not participate until this form is signed.

SIGNATURE OF PARENT/GUARDIAN

DATE

FEES: \$ 60.00/ Tots, (incl. T-shirt) \$80.00 after Sept.12.09
Registration: \$120/player (incl. T-shirt to keep) \$ 140.00 after Sept .12.09 (Two late registrations are \$ 260)
\$300/family (3 or more kids) \$320.00 after Sept.12.09
\$ 20 late fee (per family, not per child), if registered late, after September 12. 2009 will be strictly enforced!

Rep team players must register on time or they might not be placed on a team.

Registration paid (please write amount on line below):

Cheque _____

Credit _____

Cash _____

Debit _____

Other _____

Number of Registrations being paid for : _____

(must indicate division of the other registrants)

Paid to: _____

WMS Rep. initials

Tax receipt required for

Indoor 09/10 only

Outdoor 09 AND Indoor 09/10