## VILLAGES OF WESTCREEK SOCCER REGISTRATION

\* We will try our best to accommodate special requests, but cannot guarantee such requests due to the size of our program. We appreciate your understanding \*

| Name of parent or guardian  |                                  |                       |                               |                   | _              |              |              |
|---|----------------------------------|-----------------------|-------------------------------|-------------------|----------------|--------------|--------------|
|   |                                  |                       |                               |                   |                |              |              |
| Home Address  | N 4                              |                       | City                          | State             | Zip            |              |              |
|   | B 1                              |                       |                               |                   |                |              |              |
| Day phone   |                                  | Home pho              | ne                            | Email address     |                |              |              |
| Refunds may be received up to   | one week bef                     | ore the season s      | tarts (minus the co           | st of any equipme | ent / supplies | already pur  | chased).     |
| ,   |                                  |                       | efunds past 3/24/20           |                   |                |              |              |
| Players Name  | Birth date                       | Age on 03/01/16       | Program                       | Jersey S          | ize            | Gender       | Fee          |
|   |                                  |                       | Spring 2017<br>Soccer Program | Adult or Youth    |                | F/M          | \$           |
|   |                                  |                       | Spring 2017<br>Soccer Program | Adult or Youth    | S, M, L, XL    | F/M          | \$           |
|   |                                  | V                     | Spring 2017 Soccer Program    | Adult or Youth    | S, M, L, XL    | F/M          | \$           |
|   |                                  |                       |                               |                   |                | Total:       | \$           |
| Team Request*:  |                                  |                       |                               |                   |                |              |              |
| <ul> <li>(I) (WE)do recognize that by placing my child in a higher age bracket for this soccer season that I may be increasing the risk of injuries to my child and I am taking full responsibility for this action.</li> <li>(I) (WE)do hereby RELEASE and forever DISCHARGE, and hold harmless the said Department of Parks and Recreation and/or Villages of Westcreek Owners' Association and their respective agents, officers, and employees, from all claims, demands, damages or claims for relief of account of any and all injury which may exist or which may hereafter arise from participation in Department of Parks and Recreation programs.</li> <li>(I) (WE) do further agree to protect said Department of Parks and Recreation and/or the Villages of Westcreek Owners' Association and the</li> </ul> |                                  |                       |                               |                   |                |              |              |
| respective agents, officers, and em<br>Department of the Villages of Wester   |                                  |                       |                               | laim demand or j  | udgment and    | agree to rei | imburse said |
| (I) (WE) affirm under penalties of inju<br>AND RELEASE FROM LIABILITY an  |                                  |                       |                               |                   | executed the   | above forego | oing WAIVEF  |
| (I) (WE) HAVE READ THIS DOCUM<br>PARTICIPANT'S PARENT OR GUAR   |                                  |                       |                               |                   | NATURE OF      | PARTICIPAN   | IT, OR       |
| Photographic Release I hereby (DO) (DO NOT) consent to a images solely for advertising and pro I have read and u (Regis   | motional purpos<br>Inderstand th | es.<br>ne Registratio |                               | cer Participati   | on and Refu    | ·            |              |
| NameDate  |                                  |                       |                               |                   |                |              |              |
| For Office Use Only   |                                  |                       |                               |                   |                |              |              |
| Date Received Initials  | s Pa                             | nyment Method: Ch     | neck Credit Card              | Cash Assessmen    | t Current Y or | N            |              |