



# Woodstock United Soccer Association



## Registration Form

[www.woodstockunitedsoccer.org](http://www.woodstockunitedsoccer.org)

<b>Play Format:</b> Div: _____ Girl: _____ Boy: _____	<b>Uniform Size:</b> Jersey _____ Short _____	Woodstock United Soccer Association offers a Recreation Program and Competitive/Travel Program. All players must register and pay the registration fee. After player is registered he/she may try out for the Competitive/Travel Program. If player is placed on travel team additional fees will be collected.  Player trying out for travel? (Crossfire) Y <input type="checkbox"/> N <input type="checkbox"/>	<b>OFFICE USE ONLY</b> Fee: _____ Check #: _____ Date: _____
--	---	--	---

### Player Information – Please Print Legibly – One form per participant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Primary Contact:** Name \_\_\_\_\_ Relationship to Player \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional Contact:** Name \_\_\_\_\_ Relationship to Player \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Relationship to Player \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Requests\*: \_\_\_\_\_

\*We cannot guarantee your request will be met, but it will be taken into consideration.

Woodstock United Soccer Association is a volunteer-based organization. Volunteers are needed each soccer season. If you would like to volunteer, please check the appropriate box and enter your preferred method of contact.

I am willing to  Coach  Assistant Coach  Referee  Field Main  Concessions  Other \_\_\_\_\_

Volunteer's name and contact information: \_\_\_\_\_

*(Volunteer should fill out a volunteer form)*

As legal guardian of the registrant, I agree that the registrant and I will abide by the rules of Woodstock United Soccer Association (WUSA). I hereby agree the WUSA, its members, coaches, staff or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities sponsored by or under the supervision of WUSA, and I agree to indemnify and hold harmless WUSA, its members, coaches, officers and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim whatsoever.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### WUSA Mail-In Registration Instruction:

- 1) Complete and sign this form
- 2) Complete and sign medical release form (on back)
- 3) Enclose a check or money order for the registration fee payable to WUSA
- 4) Mail to: WUSA Registrar  
P.O. Box 1731  
Woodstock, IL 60098  
[Registrar@woodstockunitedsoccer.org](mailto:Registrar@woodstockunitedsoccer.org)  
815-345-5399 Ext 150