

Windsor Area Recreation Commission

Today's date:		Season: Spring 2019 U4 through U8 Soccer			
PLAYER INFORMATION					
Player's Last Name:	First:	MI:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone #:	
Street Address:	City/State:	Zip Code:	Age:	Birth Date:	
School and Grade for School Year 2018-19:			Parent E-Mail Address:		
TEAM INFORMATION					
Has child played before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>League Rules require placement by BIRTH YEAR.</u>				
Previous Team/Coach:	<i>Every effort will be made to place each player on the age appropriate team provided enough players have registered. Please mark age appropriate box when registering.</i>				
Special Request:	<input type="checkbox"/> U-4 2015 <input type="checkbox"/> U-6 2013 and 2014 <input type="checkbox"/> U-8 2011 and 2012				
PARENT/GUARDIAN INFORMATION					
First and Last Name of Parent/Guardian #1:			First and Last Name of Parent/Guardian #2:		
MEDICAL INFORMATION					
Please list medical conditions, including allergies, along with instructions for treatment:					

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the Windsor Area Recreation Commission Soccer Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, and paralysis. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, their respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment. I also give permission for my child's picture to be used for promotional purposes.

Signature of Parent/Guardian

Date

The Windsor Area Recreation Commission Soccer Program relies on volunteers to make our program a success. Please indicate if you would be willing to volunteer your time this season as:

Team Coach _____

Assistant Coach _____

Coaches Name: _____

Coaches Shirt Size (circle): AS AM AL AXL A2XL A3XL

Program Participation:

Due to limited resources, it may become necessary to limit enrollment in the WARC Soccer Program. Every effort will be made to place all registrants on a team. RLASD residents will receive priority. WARC will refund the registration fee to any non-RLASD resident excluded from the program.

Resident Status: (please ✓ one)

Resident:

_____ RLASD

Non-Resident:

_____ Non-RLASD

U-4	\$45.00 R	\$55.00 NR	Registration Deadline: March 1st Afterwards \$10 late fee applies. Late registration acceptance based upon availability.	Includes t-shirt, trophies, and end of season party. Must purchase black shorts and socks on your own.
U-6	\$60.00 R	\$70.00 NR	Registration Deadline: March 1st Afterwards \$10 late fee applies. Late registration acceptance based upon availability.	Includes t-shirt, trophies, and end of season party. Must purchase black shorts and socks on your own.
U-8	\$65.00 R	\$75.00 NR	Registration Deadline: March 1st Afterwards \$10 late fee applies. Late registration acceptance based upon availability.	Includes numbered wickwear t-shirt, trophies, and end of season party. Must purchase black shorts and socks on your own.

Shin guards required for all players. Soccer cleats required for U-8+ players.

Please read: No refunds unless the player is physically unable to play due to injury. Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. **No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.** No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. Special requests will be honored if possible, and when made in a timely fashion.

Payment may be made by cash, check payable to <u>WARC</u> (\$20 returned check fee), or credit card (\$2 convenience fee) Visa/MC/Discover accepted	For Internal Use Only: Registration rec'd by Initial: _____ Date: _____
Registration Fee: \$	____ Parental Pledge
Uniform Fee: \$	____ Uniform Order
CC Processing Fee (\$2): \$	____ Payment (Check #: _____)
Late Fee (see above): \$	
Family Discount (-\$5): \$	
Total Paid: \$	

Credit Card Info (for security purposes, all cc information is destroyed immediately after processing) Name on Card: _____

Card #: _____ Exp: _____ CVV: _____ Signature: _____



Soccer Uniform Order Form and Parental Pledge

Player Name: (please print legibly) _____

If you are unsure about size, or your child is in between two sizes, it is recommended you order up. WARC will not provide refunds for incorrect sizes. Shirt/uniform samples available at Windsor Township Building. WARC will assign uniform numbers to avoid duplicates and as necessary.

Size Options (Please Circle):

Youth X-Small (2-4)

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14-16)

Adult Small

Adult Medium

Adult Large

Adult XL

Parental Pledge: It is the aim of Windsor Area Recreation Commission to provide an athletic environment that promotes teamwork, sportsmanship, and fair play. We recognize that as parents you are role models, and as such, you play an integral role in instilling these character traits in your children. WARC asks parents to foster an atmosphere of support and encouragement for the players as they participate in athletics, regardless of outcome - successes or mistakes. If a parent becomes unruly, coaches and/or the recreation director have the right to escort them away from the immediate playing/incident area and restrict them from future sporting event attendance within the Windsor Area Recreation Commission.

Parent's Name, Printed: _____

Parent's Signature: _____