

WINDSOR SOCCER ACADEMY - WINTER SESSION

Please PRINT Clearly

PLAYER INFORMATION

Name: _____
Last First

Address: _____

Player's Home Phone: _____

Date of Birth: _____

Club: _____

Age (check one): 6 7 8 9 10 11 12

PARENT/GUARDIAN INFORMATION

Father: _____
Last First

Home Phone: _____ Cell: _____

E-Mail Address: _____

Mother: _____
Last First

Home Phone: _____ Cell: _____

E-Mail Address: _____

PAYMENT INFORMATION

Mail checks payable to **WINDSOR SOCCER ACADEMY**

\$50 PER PLAYER FOR 11 SESSIONS

total enclosed: _____

PARENT/GUARDIAN APPROVAL RELEASE

I, the parent/guardian of the above named child, approve of his participation in any and all activities of the Windsor Soccer Academy during the current season. In consideration of the above named child's participation in SCA activities, I voluntarily release and agree to indemnify and hold harmless Windsor Soccer Academy (WSA), U.S. Youth Soccer (USYS) and each of their respective directors, officers, employees, agents or representatives as well as the the owners and operators of the facilities used during the season from any claims, damages, liability od causes of action for injuries or death, or property damage, arising out of or in any way connected with the above named child's participation in soccer practice, soccer games, and/or WSA related events including, but, not limited to, transportation to and from these activities. I further grant WSA and USYS the right to use the child's name, picture or likeness in any print or electronic media.

Parent / Guardian Signature: _____ Date: _____

PLEASE MAIL REGISTRATION FORM AND CHECK TO:

WINDSOR SOCCER ACADEMY

6450 Hembree Lane #155, Windsor CA 95492

