

# WILLOWICK SOCCER LEAGUE

## REGISTRATION & WAIVER FORM

I hereby grant permission for \_\_\_\_\_, my child, to participate in the Willowick Soccer Program, and I assume responsibility for all Medical, Dental, Hospital and related expenses incurred. I will **not** hold the Willowick Soccer League, its coaches and officers, USCS, OYSAN, or the City of Willowick responsible for any Medical, Dental, Hospital or related expenses arising out of an injury or accident during the 20 \_\_\_ / 20 \_\_\_ seasons.

Further, I will **hold** the Willowick Soccer League, its coaches and officers, USCS, OYSAN and the City of Willowick harmless from any claims, damages or expenses resulting from such loss, claims or damages which said may incur as a consequence of any injuries my child may sustain during his or her participation in the Willowick Soccer League.

Further, I swear all information given in this form is true and correct. I understand falsification of any information on this form can result in ejection of my child from the program along with forfeiture of any monies paid.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

### MEDICAL INFORMATION IN CASE OF EMERGENCY

Is your child allergic to any medications?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child have any medical conditions that may prohibit him/her from playing soccer?  Yes  No

If yes, please explain: \_\_\_\_\_

Who is your family doctor? \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have hospitalization insurance?  Yes  No

If yes, type: \_\_\_\_\_ Claim #: \_\_\_\_\_

In case of emergency, I give the coach and/or supervisors of the Willowick Soccer League permission to take my child to the emergency room of a hospital for treatment.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

Parents Names: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone#: \_\_\_\_\_

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ (Please PRINT)

Birth Certificate Validation: \_\_\_\_\_ (League Official Initials)  Boy  Girl New Player?  Yes  No

Registration Fee Paid: \_\_\_\_\_ (League Official Initials) Date: \_\_\_\_\_ (League Official Initials)

Cash \_\_\_\_\_ (League Officials Initials)  Check: Check #: \_\_\_\_\_ (League Official Initials)

**REFUND DISCLAIMER:** Refund policy is as follows: Full refunds are only honored if it is requested prior to uniform order and insurance submission. Any requests after that date will be the difference of cost at the leagues discretion.

**Cost:** \$60.00 per child Willowick City residents  
\$65.00 per child Non-Willowick residents

\$150.00 per family Willowick City residents

**Shirt Size:** Youth – S M L

**Short Size:** Youth - S M L

Adult – S M L XL

Adult - S M L XL