

WESTMINSTER AREA YOUTH SPORTS ASSOCIATION (W.A.Y.S.A.)
PLAYER REGISTRATION FORM

I WISH TO REGISTER MY CHILD TO PLAY SOCCER/BASKETBALL/BASEBALL/SOFTBALL WITH W.A.Y.S.A. AND UNDERSTAND THIS IS "PLAY AT YOUR OWN RISK". IT IS UNDERSTOOD THE ENTRY FEE IS TO HELP RUN THE LEAGUE AND PURCHASE QUALITY EQUIPMENT.

CHILD'S

NAME: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____

PARENT /GUARDIAN

NAME(S): _____

ADDRESS: _____

CELL/PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Preferred method of communication: (circle one) call text email

DO YOU HAVE INSURANCE? YES ___ NO ___ PHOTO RELEASE: YES ___ NO ___

A FEE OF \$30 PER CHILD WILL BE REQUIRED TO PLAY AS WELL AS SIGNED STUDENT ATHLETE AND PARENT CODE OF CONDUCT AGREEMENTS.

Permission and Release Agreement

As parent/guardian I give permission to my child/ward to participate in the W.A.Y.S.A. program. I understand and agree that there are risks and dangers inherent in the sport of basketball that may result in bodily injury to my child. I **Release and Waive** any cause of action and all claims for damages and agree to never pursue any claim, demand, or cause of action against W.A.Y.S.A., it's agents, employees, sponsors, supervisors, coaches, or assistants, for injury arising out of or in connection with my child/wards participation in the W.A.Y.S.A. program.

Parent/Legal Guardian Signature Name Date

We need your help to provide a safe and successful athletic program. Please let us know if you are willing to volunteer. Note, if you are concerned you do not know enough about the sport to help, we will provide some training and information. YES _____, I am willing to help

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FEE PAID: _____ ATHLETE CoC SIGNED: _____ PARENT CoC SIGNED: _____