

# WEST VIRGINIA CHAOS 2008-2009 REGISTRATION

Player Information			
First Name	MI	Last Name	
Street Address			
City	State	Zip Code	Home Telephone
Email Address		Birth Date	

Guardian Information		
Name		Relationship (Father)
Phone (H)	Phone (W)	Phone (Cell)

Guardian Information	
Name	Relationship (Father)
Phone (H)	Cell Phone
E-Mail	

Registration Information	
Are you currently registered on another soccer team? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES Please Complete The Following:	
Team Name: _____	League/Association: _____
Team Name: _____	League/Association: _____
Team Name: _____	League/Association: _____

Player Release
<p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA (United States Youth Soccer Association) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the discharge and/or otherwise indemnify the USYSA, it's affiliated organizations and facilities utilized for the program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program, practice, and/or being transported to and from a game or practice, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs.</p>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_