

WESTCITY SOCCER

≡ personalized coaching and training ≡

★ 2012 SUMMER SOCCER FOR WOMEN REGISTRATION ★

To register, please complete this form and mail along with payment to:
West City Soccer - PO Box 4849 Charlottesville, VA 22905. Thank you!

Step 1: Contact Details

Or

Returning Futbol Player

If we already have your contact info,
check this box and proceed to **Step 2!**

Name: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____
Emergency Contact: _____
Emergency Phone: _____
Allergies Yes/No: _____
Medication: _____

Step 2: Payment Details

Please select the number session you are registering for:

\$ 50 Tuesday AM Sessions
Tuesdays 7:00 – 8:00 AM
06/19/2012 - 08/14/2012

OR

\$ 90 Unlimited Sessions
Tuesdays 7:00 – 8:00 AM,
Thursdays 9:30 – 10:30 AM
& Sundays 5:30 – 6:30 PM

\$ 50 Thursday AM Sessions
Thursdays 9:30 – 10:30 AM
06/21/2012 - 08/16/2012



\$ 50 Sundays PM Sessions
Sundays 5:30 – 6:30 PM
06/17/2012 - 08/12/2012

\$ 10 Drop-In Fee
Join the fun anytime you like!

Check #: _____
Payable to: West City Soccer
Address: PO Box # 4849, Charlottesville, VA 22905

Step 3: What to Bring?

Please bring cleats, shin guards, comfortable clothing and a water bottle to every practice. If you have any questions, please give us a call.

Thank you. We look forward to seeing you on the field!

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SOCCER FOR WOMEN

★ LIABILITY WAIVER ★

Before participating in *WestCitySoccer* programs, clinics, games and related activities, the player must:

1. Acknowledge and understand fully that the player(s) will be engaging in activities that involve the risk of serious bodily injury and severe social and economic losses which might result not only from /her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. There may also be other risks not known to us or not reasonably foreseeable at this time.
2. Agree to hold *WestCitySoccer* and its employees harmless, and hereby release them from any liability on account of injuries sustained by the player(s) while participating in soccer activities.
3. Certify that the player(s) is covered by medical insurance, which will reimburse *WestCitySoccer* for expenses incurred by their employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.
4. Release, waive and discharge from any and all liability and covenant not to sue *WestCitySoccer*; their respective administrators, directors, and employees of the organization and other participants.
5. I have read and understand all of the above.

Player's Name(s): _____
Player's Signature(s): _____
Date: _____