



# MEMBERSHIP FORM

OFFICIAL USE ONLY	
Registration Fees:	.\$ _____
Player Fee:	..... \$ _____
Coaches Fee	..... .\$ _____
Other:	.....\$ _____
Total Paid	\$ _____
Cash: ___ CK#___	Credit Card ___
Picture Received:	Yes ___ No ___
Birth date Verified:	Yes ___ No ___

**West Virginia Soccer Association**  
 PO Box 3360 \* Beckley, WV 25801  
 1-800-894-9872  
 1-304-252-9872  
 Affiliated with the United States Soccer Federation, United States Youth Soccer, United States Amateur Soccer Association

League Name \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Club/Team Name: \_\_\_\_\_  
 Recreational \_\_\_\_\_ Competitive \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Parents Email address \_\_\_\_\_

Are you or do you plan to register on another team during the current Seasonal year (September 1 thru August 31)  
 If yes, please complete:  
 League Name \_\_\_\_\_ State \_\_\_\_\_ Team Name \_\_\_\_\_ Age Group \_\_\_\_\_  
 Please check Type of Team: Recreational Team \_\_\_\_\_ Competitive Team \_\_\_\_\_  
 League Name \_\_\_\_\_ State \_\_\_\_\_ Team Name \_\_\_\_\_ Age Group \_\_\_\_\_  
 Please check Type of Team: Recreational Team \_\_\_\_\_ Competitive Team \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cell \_\_\_\_\_

**IMPORTANT**  
 I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WVSA; its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WVSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WVSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and / or being transported to or from the same, which transportation I hereby authorize:  
 Name: \_\_\_\_\_ Parent / Legal Guardian (please print)  
 Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Uniform Sizes ___ Youth / ___ Adult  SHIRT: XS S M L XL SHORTS : XS S M L XL SOCKS: XS S M L XL	Other Children from Same Family registered with this league Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____	<b>PARENTAL SUPPORT</b> We ask for active participation of all parents in our program. Circle area (s) in which you would be willing to help. Coach                      Committee Asst. Coach              Referee Team Manager          Fund Raising Team Parent              Special Projects Concessions              Donation Board Member          Newsletter Field Preparation        Clerical Other _____
List any Medical problem or prohibition the player has: _____ _____ Person to notify in emergency: _____ Telephone: _____ Doctor to notify in emergency _____ Telephone: _____ Number prior Seasons played: _____ Team _____ League _____ Last Season Played _____ Rec ___ Travel ___ Middle School ___ High School ___ Height: _____ Weight: _____ School: _____ Grade: _____		