WESTERN COUNTIES SOCCER ASSOCIATION

PLAYER REGISTRATION FORM

Club Name:_____ Team Name:_____

League Name: _____ Age Division: _____ M / F / Mixed

Club Registrar (Print):_____ Signature: _____

WCSA Validation

*NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. Rules for participation have been established; and proper conduct on or about the field of play must be followed. By allowing my name to be placed on this form; I agree to abide by the Published Rules of the Western Counties Soccer Association, and those of it's member Leagues and Clubs.

First Name	Last Name	M / D / Y	M / F	Street Address	City	PostalCd	Phone

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Team Coach/Manager: _____
Address: _____
City or Town: _____ Postal Code _____
Phone: _____ Email:_____