



Fall 2011 Soccer Registration Form

**** Registration Deadline is Friday, August 26 ****

Child's Last Name _____ First Name _____ MI _____

Address _____ City _____ ZIP _____

Home Phone _____ Birth date _____

E-mail _____

Dad's Last Name _____ Dad's First Name _____

Dad's Cell Number _____

Mom's Last Name _____ Mom's First Name _____

Mom's Cell Number _____

Doctor's Name _____ Doctor's Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Do you wish to be contacted via text message for game cancellations or delays? YES NO

If yes: Cell Phone Number _____ or _____

I would be willing to help as a/an: Coach Asst. Coach Team Mom Helping where needed

RELEASE and CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WCSA. Recognizing the possibility of physical injury associated with soccer and in consideration for the WCSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WCSA, its affiliated organizations and sponsors, their employees 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. As the parent or legal guardian of the above-name player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Name _____

Parent/Legal Guardian (Please Print)

Signature _____ Date _____

List any medical problems or special needs your child has:

Uniforms Info (Circle ONE Shirt and ONE Short Size)

Shirt Size	Youth	Adult	Short Size	Youth	Adult
	S	S		S	S
	M	M		M	M
	L	L		L	L
		XL			XL
		XXL			XXL

Official Use Only

Birth date Verified: Yes No

Registration Fee: \$50.00

Check _____ Check # _____

Cash _____

Registration Fee is \$50.00 per Child

Please Make Checks Payable to VCA

For more information please contact VCA @ (940)-626-4730 or Trey Fernihough @ (940)-733-0730

Please visit us online @ <http://www.victorychristianacademy.org>