

FALL



WEST COUNTY SOCCER LEAGUE

**REGISTRATION AT ST. JOHN'S PARISH CENTER
1001 E. MAIN ST. (RT.20), GIRARD, PA.**

SATURDAY, MAY 22th 9 AM – 11 AM
SUNDAY, JUNE 6th 12 PM – 2 PM

FEES

1 CHILD.....\$35.00
EACH ADDITIONAL CHILD.....\$20.00

LEAGUE PLAY WILL BE ON KEYSTONE DR. IN LAKE CITY.

AGE DIVISIONS FROM 4-14 (NOT IN 9TH GRADE IN THE FALL 2010), AS OF JANUARY 1, 2010. A LATE REGISTRATION FEE OF \$5.00 PER CHILD WILL BE CHARGED AFTER June 9, 2010. NO EXCEPTIONS. League play will begin in early August. Parents must register children to sign a waiver for each child. NO EARRINGS!!!!

Program Coordinators: Chris Snook 774-2160, Karen Esser 774-2914, Dan Reichert 774-4455
****NO EARRINGS**NO JEWELRY**NO HARD BARRETTES**MOUTH PIECE FOR BRACES****

If mailing, detach and return to: WCSL, 9643 Allegheny Ave. Lake City, Pa. 16423. Make checks payable to WCSL
*****EACH CHILD MUST HAVE A SIGNED WAIVER*****
WEST COUNTY SOCCER LEAGUE REGISTRATION

NAME _____ BOY _____ GIRL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

BIRTH DATE (mm/dd/yy) _____ / _____ / _____ AGE AS OF JANUARY 1, 2010 _____

DO YOU PLAY FOR ANOTHER SOCCER TEAM? _____

WILL HELP COACH ? _____ ASSIST? _____

LIKE TO SPONSOR A TEAM? (contact name & phone) _____

Waiver of Liability

I, the undersigned, being the parent/guardian, do hereby consent to my son/daughter playing in the WCSL and am fully aware of the injuries he/she could sustain by participating in a sport which involves physical contact. Being fully aware of the risks involved in the sport of soccer, I am willing to assume these risks and agree that I will not hold the WCSL, its officers, managers, directors, coaches, or any other person connected with such organization, or the owners, operators, or managers of practice or game fields, responsible for any injuries which may be sustained by our son/daughter as a result of his/her participation in games, practices or travel in the said WCSL.

Parent/guardian Signature _____ Date _____