

WILLIAMSBURG JUNIOR ATHLETIC ASSOCIATION

REGISTRATION FORM

(PLEASE PRINT)

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ ALTERNATE PHONE #: _____

SCHOOL: _____ *GRADE: _____

CHILD'S SIGNATURE: _____ DATE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S PHONE #: _____ FATHER'S PHONE #: _____

OTHER PHONE #: _____ OTHER PHONE #: _____

E-MAIL ADDRESS: _____

PLAYER'S & REFEREE'S RELEASE AND PARENT'S PERMISSION

In consideration of the acceptance of my entry for Soccer/Referee with or as a member of one of the teams to be entered by the WILLIAMSBURG JUNIOR ATHLETIC ASSOCIATION (W.J.A.A.), I do hereby for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the league (W.J.A.A.) and/or any of the teams, the sponsors, the administrators of the playing field or all their respective officers, agents or representatives, successors, and by assigns for any and all damages which may be sustained and suffered by me in connection with my said association with or entry and/or arising out of my travelling to participation in and return from said league games, practices, or exhibitions conducted during the season.

I consent to the forgoing and grant permission for my child to participate in the team entered by the W.J.A.A. I also understand that each team will be responsible for covering the concession stand during the season and I will be asked to participate in helping on the day my child(s) team is due to cover it.

PARENT'S SIGNATURE: _____ DATE: _____

PLEASE PRINT, FILL OUT, & SEND THIS FORM AND THE EMERGENCY MEDICAL FORM ALONG WITH THE APPROPRIATE PAYMENT (checks made to W.J.A.A.) TO THE DISTRICT REP. OF THE SPORT YOU ARE SIGNING-UP