



WSR ATHLETE REGISTRATION FORM

Athlete Information (Please print all information clearly)

Child's Name: _____ Age & DOB: _____

Child's School _____ Grade: _____

Parent's Name: _____ Address: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____

Medical Information

Child's Allergies _____ Medical Conditions _____ Shirt Size _____

Name & Address of desired medical facility _____ Phone _____

Medical Authorization:

In the event of injury or illness, will you allow WSR Youth Sports, its partners, volunteers, coaches and staff to seek medical aid or advice from the aforementioned medical provider? Yes No

Will you also allow WSR Youth Sports, its partners, volunteers, coaches and staff to seek Secondary medical treatment of our choice and at your cost if the desired medical facility is not available at the time of the incident? Yes No

Sports Programs (Check Program Preference & Level)

- | | | | |
|-------------|-------------|---------------|------------|
| Mini Soccer | U-10 Soccer | Flag Football | Basketball |
| U-6 Soccer | T-Ball | Volleyball | Baseball |
| U-8 Soccer | Coach Pitch | Flag Football | Cheer |
| U-10 Soccer | Baseball | Track | |
| U-12 Soccer | | | |
| U-15 Soccer | | | |

Coach Request: _____

Note: Coach requests are on a first come, first serve basis. Athletes will not be removed from teams to accommodate requests.

Athlete Experience

Organization _____ Team _____ Position _____ Dates _____

Organization _____ Team _____ Position _____ Dates _____

Parent/Guardian Signature _____ Date _____