



West Metro Soccer Club- Recreation Registration Spring ___ Fall ___ 20___

P.O. Box 5556, West Columbia, SC 29171

Register *On-line* at www.westmetrosoccerclub.com OR Mail to address above
(COPY OF BIRTH CERTIFICATE IS REQUIRED FOR REGISTRATION)

COST: \$65 PER PLAYER, \$60 PER ADDITIONAL FAMILY MEMBER

PLAYER INFORMATION: (PLEASE PRINT AS IT APPEARS ON PLAYER'S BIRTH CERTIFICATE)

Last: _____ First: _____ Middle Initial: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birth Date: ____/____/____ Age: _____ Sex: _____

School that player attends (or will attend if pre-K): _____

Comments/Medical Concerns: _____

Most Recent Team & Coach _____

(NOTE: EXCEPT IN THE CASE OF SIBLINGS, WE CANNOT GUARANTEE PLACEMENT ON ANY SPECIFIC TEAM OR WITH ANY SPECIFIC COACH)

FATHER

Last: _____ First: _____

Work Ph: _____ Cell Ph: _____ Email: _____

I can help as: ___ Coach ___ Asst. Coach ___ Team Parent ___ Club Store ___ Sponsorship

MOTHER

Last: _____ First: _____

Work Ph: _____ Cell Ph: _____ Email: _____

I can help as: ___ Coach ___ Asst. Coach ___ Team Parent ___ Club Store ___ Sponsorship

Coaches needed in all age groups. Training provided. Please volunteer to help

VERIFICATION STATEMENT

I certify that I am the parent or legal guardian of the registrant. I the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of West Metro Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the West Metro Soccer Club, accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and / or otherwise indemnify the West Metro Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by the programs and / or being transported to or from the same, which transportation I authorize. I certify the registrant is medically able to play soccer. I also 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 life, limb, or well being of the registrant. I have received a copy and will abide by the parents code of conduct as given by West Metro Soccer Club. I authorize West Metro Soccer Club to release photographs of the registrant to media, including but not limited to newsprint, television, internet, for the promotion of soccer without any reimbursement.

Parent/Guardian Signature _____ Date _____

OFFICIAL USE ONLY

Received By: _____ Date: _____ Under 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18
Player Fee: _____ {cash / check number: _____} Birth Certificate Attached: Yes / No