



Mailing Address: WYSA, P.O. Box 3173, Easton Pa. 18043-3173

Registration Form

Name:
(Player) First Last M.I.

Address:
Number Street City State Zip

Tel. #: -
Area Code ext number (Check one) Glendon West Easton Williams Wilson Other

Player's Date of Birth: ___/___/___ Gender: M | F Age: _____

Has your child played soccer before: Yes | No If yes, in what Division: U ___ and at what Level: A | B

Player T-Shirt/Uniform size: Y/M Y/L A/S A/M A/L A/XL

Playing Season: Spring Fall Year: 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

Playing Division: In-house U8 U10 U12 U14 U16

I _____ have read and had explained to me the rules (by-laws) of the
(Print name -parent/guardian)
 Association and I agree to adhere to them. I therefore grant permission for my son/daughter to participate in the
 Wilson Youth Soccer Association (WYSA) Recreational Program.

 Signature of Parent or Legal Guardian Date E-Mail Address

FOR WYSA BOARD USE:

Medical Release: Date _____ / _____ / _____ Already on File / Need Birth Certificate (Attached): New / Already on File / Need
 Signature of Board Member: _____ Date: ___/___/___
 Registration Fee Paid: \$ _____ Buyout Paid: \$ _____ Total Amount Paid \$ _____ Cash or Check # _____

..... < cut along here for receipt >

WYSA Soccer registration fees for the (year) _____ Spring | Fall season on this date: ___/___/___
 Registration Fee Paid \$ _____ Buyout Paid \$ _____ Total Amount Paid \$ _____
 Cash or Check # _____

Signed by (WYSA representative):