

WAZA FC WEST

DEVELOPMENTAL TRAINING REGISTRATION FORM

Developmental Training **With** Friendly Games

Developmental Training **With Out** Friendly Games (Please Check One)

Player Information:

Player Name: _____

Parents Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Birth Date: _____

Medical Limits: _____

****Please check the box next to the Age group that your child falls under:**

U4 1 Aug 04 & Younger U5 1 Aug 03 – 31 July 04

U6 1 Aug 02 -- 31 July 03 U7 1 Aug 01 – 31 July 02

U8 1 Aug 00 – 31 July 01

Parent/Guardian Consent:

- 1.) I (We) am (are) the parent(s) or legal guardian(s) of the player submitting this registration form.
- 2.) I (We) consent and agree that the player may participate in Developmental Training in consideration of the recreation and instruction being furnished.
- 3.) I (We) on behalf of the player (and the actual player), do agree to release, hold harmless, defend and indemnify the Waza FC, Soccer Waza LLC, Waza SL, Total Soccer Wixom, City of Wixom, Michigan, Livonia Public Schools and City of Livonia Michigan and those acting on their behalf in any capacity, on property, resulting directly or indirectly from participation, practice and play in the activities of this program.
- 4.) By entering name(s) and date(s) below, you are giving your consent.

Name: _____ Date: _____

Name: _____ Date: _____

***Please fill out the above registration form and (1) Mail form and full payment to address below or (2) Bring form and payment to on-site registration on Sept 11th.**

Payments and registration form can be mailed to: **Checks made out to "WAZA FC"***

Jessica Wimmer
19654 Garfield
Redford, MI 48240