



## White Hall Soccer Association

### FALL SEASON

#### Registration

White Hall Registration for all players is TBD for the first child with a \$5.00 discount for each additional sibling. Signed forms with payment must be submitted or mailed to P.O. Box 20147, White Hall, AR 71602. **ALL LATE REGISTRATIONS** are subject to a waiting list with no guarantee of team placement.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Uniform Size:    Shirt:    YS        YM        YL        AS        AM        AL        AXL  
                         Shorts:    YS        YM        YL        AS        AM        AL        AXL

Special Health Considerations:

#### Contact Information

Primary Contact: \_\_\_\_\_ Work#: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Work#: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Parent/Guardian Consent

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USSF/USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA accepting the registrant for its soccer programs and activities (the "programs"). I hereby release, discharge, and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportations I hereby authorize

#### Parental Support

We require active participation of parents in our program. Check areas in which you will commit your time and effort.

<input type="checkbox"/> Coach	<input type="checkbox"/> Publicity
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Field Maint.	<input type="checkbox"/> Concessions
<input type="checkbox"/> Special Projects	

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry and agree to be responsible financially for the reasonable cost of such care. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

#### Official Use Only

Player Fee Received:  
Cash/Check#: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Registration Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## White Hall Soccer Association

### Additional Children Form

### **FALL SEASON**

#### **Second Child**

Last Name:

First Name:

Date of Birth:

Gender:            M:            F:

Address:

City:

State:

Zip:

Uniform Size:

Shirt:	YS	YM	YL	AS	AM	AL	AXL
Shorts:	YS	YM	YL	AS	AM	AL	AXL

#### **Third Child**

Last Name:

First Name:

Date of Birth:

Gender:            M:            F:

Address:

City:

State:

Zip:

Uniform Size:

Shirt:	YS	YM	YL	AS	AM	AL	AXL
Shorts:	YS	YM	YL	AS	AM	AL	AXL

#### **Fourth Child**

Last Name:

First Name:

Date of Birth:

Gender:            M:            F:

Address:

City:

State:

Zip:

Uniform Size:

Shirt:	YS	YM	YL	AS	AM	AL	AXL
Shorts:	YS	YM	YL	AS	AM	AL	AXL

#### **Fifth Child**

Last Name:

First Name:

Date of Birth:

Gender:            M:            F:

Address:

City:

State:

Zip:

Uniform Size:

Shirt:	YS	YM	YL	AS	AM	AL	AXL
Shorts:	YS	YM	YL	AS	AM	AL	AXL

**COMPLETE**

Please submit all forms to:  
[whusc2019@yahoo.com](mailto:whusc2019@yahoo.com)