

# WYOMING VALLE SPORTS DOME

131 Bear Creek Blvd, Wilkes-Barre PA 18702  
 (570) 823-WVSD (570) 823-9873

Club Name _____		
Nickname _____	Age Group _____	
League _____	State Assoc. _____	
Tourn. #(s) _____	League Age U-	(B/G) _____
Coach _____		
Street _____		
City _____	State _____	Zip _____
Phone (H) _____	(W) _____	

Note: The Statement should be signed by parent/guardian for minor player: an adult player for himself/herself. Coach for himself/herself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the WVSD. Recognizing the possibility of physical injury associated with soccer and in consideration for the WVSD accepting the registrant for its soccer programs and activities (the "PROGRAMS"). I hereby release, discharge and/or otherwise indemnify the WVSD, their employees and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

	Players Name (Print)	Parents Release	Birthdate
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
Coach			
Asst.			

All of the above players are registered for the 2007/2008 season. If they are not they need to contact the WVSD to make arrangements to add these players to the roster before playing.

**ALL COACHES MUST HAVE PROOF OF (OR WILL SIGN) A DISCLOSURE FORM**

Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_