

**WATER CITY INDOOR  
SPORTS ARENA  
YOUTH SOCCER REGISTRATION**

WINTER SESSION-I (Jan. 28 – March 6)



Player's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Street \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact (name & phone) \_\_\_\_\_

Program cost = \$50 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

(Checks payable to: Water City Roller Hockey, Inc.)

**Release of liability agreement and permission to play**

My signature below indicates that I, Parent or Guardian, understand and appreciate that participation in a sport constitutes a risk of injury. I voluntarily and knowing recognize, accept and assume this risk and release Water City Roller Hockey, Inc., its affiliates, their sponsors, event organizers and other staff members from any liability while my child participates in the Water City youth soccer program.

DATE SIGNED \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

*To enroll, please contact head coach Rick Crow at [rcrow77534@aol.com](mailto:rcrow77534@aol.com) and bring this form with you on the first day of class. Visit [www.watercitysports.com](http://www.watercitysports.com) for directions and for further information.*