

**WATER CITY SPORTS ARENA**  
**Winter Youth Soccer Registration**  
*(Bring to first day of class)*



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

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

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

Street \_\_\_\_\_

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

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

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

**Program cost:**  
**\$60 for 6-weeks; \$55 each for 2 siblings**  
**\$11 Drop-in class**

Amount \_\_\_\_\_ 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 sports constitutes a risk of injury. I voluntarily and knowingly recognize, accept and assume this risk and release Water City Roller Hockey, Inc., its affiliates, their sponsors, event organizers and officials from any liability. I will be responsible for my child at all times while he/she participates in the Water City youth soccer program.

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

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