



**Woodsboro/New Midway Recreation Council
Soccer Registration Form Spring 2018**

Register and pay online at WNMRC Sports.com. Even if you prefer to pay by check, please use the online registration system if at all possible. It's fast & easy.

Personal Information

Name of Player: _____ Male: ___ Female: ___ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Father/Guardian Name: _____ Phone: _____ Email: _____

Mother/Guardian Name: _____ Phone: _____ Email: _____

You may skip this uniform information if your player already has a COMPLETE WNMRC Soccer uniform that you intend to reuse this season.

Jersey Size: YS YM YL AS AM AL AXL Short Size: YS YM YL AS AM AL AXL

Team/Fee Information

Division	Age Range	Fee	NOTE:
Juniors Division (Coed)	(Born 2012 or later)*	\$30	
7U Division (Coed)	Born in 2011 or 2012	\$30	Not including Uniforms See Below
9U Division (Coed)	Born in 2009 or 2010	\$75	Not including Uniforms See Below
11U Division (Coed)	Born in 2007 or 2008	\$75	Not including Uniforms See Below
13U Division (Coed)	Born in 2005 or 2006	\$75	Not including Uniforms See Below

***IMPORTANT NOTE for U8 & above:** Players may play up an age group, with approval, but may not play down in age group. Birth certificates will be required.

AN EVEN MORE IMPORTANT NOTE: Please contact me or the Rec. Council about opportunities to volunteer. We need your help to sustain our programs.

MULTI-CHILD DISCOUNT for 3 or more soccer players. Please contact us at soccer@wnmrc.org or (301) 305-6220

About Uniforms:

All players, 9U and above, **MUST** have a complete WNMRC soccer uniform that is in good condition. You may use an existing uniform or order a complete uniform or order just the items you need in the spaces to the right. **Younger players are only required to have a jersey & socks but shorts are optional.**

Important Dates:

Feb 1st – Preliminary registration deadline.
Mar 24th – 1st game of season.
Mayth-19th or 20th Last game of (regular) season.
Jun 2nd & 3rd – 11U, & 13U Tournaments
Approx Jun 9th (TBD) – 9U Tournaments

Registration Fee (from table above) : _____

New Uniform (if needed / desired): **\$25.00** _____

À la Carte Uniform: Jersey Only: **\$14.50** _____

À la Carte Uniform: Shorts Only: **\$8.25** _____

À la Carte Uniform: Socks Only: **\$2.90** _____

Spring Raffle _____ **\$20.00**

Late Fee (only if after Feb 5th): _____ **\$15.00**

Total Fees Enclosed _____

Please make check payable to WNMRC (Woodsboro/New Midway Recreation Council or WNMRC)

****Please Complete & sign Page 2****

Preliminary registration deadline is Feb 1st. After that date, no new teams can be created but we can add to existing teams on a space available basis. **PLEASE** register by the preliminary deadline so we can add **TEAMS** Rather than ending up with too many kids on the teams.



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Medical Information

Physician: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies: _____

Known Medical Conditions: _____

Primary Emergency Contact Name: _____ Phone: _____ Relationship: _____

WNMRC Release, Waiver of Responsibility, Concussion Acknowledgement and Equal Opportunity Statement

_____(Player Name) has my permission to participate in the Woodsboro/New Midway Recreation Council (WNMRC) Soccer Program. By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation council programs and therefore, I hold the Board of Frederick County Commissioners of Frederick County Maryland, and their designated agents, and the Woodsboro/New Midway Recreation Council harmless from all claims for injuries, damage, or loss which may result from my, or my child's, participation in this program. Also, I have verified that all information on this form is correct to the best of my knowledge. I give my permission for any or all medical attention necessary to be administered to the above named participant in the event of an accident, injury or sickness, under the direction of the WNMRC Coach, official or authorized persons(s) named above until such time as I can be contacted. I assume responsibility for payment of any such treatment. In consideration of being permitted to participate in WNMRC youth activities, I do hereby for myself, and as parent and/or legal guardian of _____ (Player Name) my heirs, executors, administrators, agents and assignees release forever and discharge event sponsors, coaches, WNMRC, their agent, predecessors, successors, and assignees and all other persons involved in organizing and managing these events from all claims, demands, losses, damage actions, cause of actions or suits of law or in equity of whatsoever kind of nature arising out youth activities, including without limitation, any claims for personal injuries or loses to the aforementioned participant, which I may otherwise be able to assert on my own behalf or on the behalf of that aforementioned participant.

Equal Opportunity: Woodsboro/New Midway Recreation Council and the Frederick County Commissioners do not discriminate on the basis of race, color, national origin, sex, religion, age or disability for employment or the provision of services. Individuals requiring special accommodations are requested to email soccer@wnmrc.org to make arrangements no later than 15 working days prior to the start of the program.

Appended to this year's registration form, you will find information on concussions. This information is being provided to assist parents, players, & coaches in recognizing and taking action in the case of potential concussions. WNMRC is required to provide this important information in order to comply with Maryland law (Maryland HB 858 and SB771). Your signature below acknowledges that you have received and read this information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC) and you will share the information with your child(ren) or athlete(s). Please sign below. It is not necessary to sign the concussion form at the end of page four as long as you sign the acknowledgement below. Go to <http://www.cdc.gov/concussion/headsup/youth.html> for further information.

Parent/Guardian Signature Parent/Guardian Printed Name Date

Send your completed registration form with check made payable to WNMRC to: WNMRC Soccer.
P.O. Box 303
Woodsboro, MD 21798

If you have questions, please contact Michael Fyock or Tom Atelsek at soccer@wnmrc.org or call 301-305-6220.

NOTE: You can also register and pay online at wnmrcsports.com

PLEASE PLEASE – Don't forget to VOLUNTEER. We can't make these programs work without your help.