



www.wpsoccer.org

West Paterson Soccer Association

57 Grandview Drive, Woodland Park, NJ 07424

**Little Falls / Woodland Park / Totowa /
U-7 Rec / U-8 thru U-14 Traveling Teams
FALL 2009 Thru Spring 2010 REGISTRATIONS**

Register in Person at the WP Municipal Building - 1 Brophy Lane Woodland Park
On 6/20/09 from 9:00 am to 11:00 am & 6/23/09 from 6:00 pm to 8:00 pm
DEADLINE 06/23/2009, then by space availability only!

The WPSA is a not for profit association dedicated to Youth Soccer
in the Passaic Valley Region

MAIL FORM & PAYMENT TO: 65 Marcellus Ave., Woodland Park, NJ 07424

For More Information Contact

Joe Cannizzo, Registrar ~ Phone: 973-851-9311 ~ email: tango04@optimum.net

Player's Name: _____ D.O.B: ___/___/___ Gender: Male ___ Female ___

Parent/Guardian's Name: _____ Grade: _____ School: _____

Address: _____ Home Phone#: _____

City & Zip Code: _____ Cell Phone#: _____

Email Address: _____

AREA OF INTEREST: Signing Up for U7 Recreation Soccer _____ Signing Up for U8 thru U14 Traveling _____

PLEASE COMPLETE THE FORM & RETURN WITH CHECK MADE PAYABLE TO "WPSA" IN THE AMOUNT OF*

\$45.00 K-U7 Recreational (1/2 Year) ~~~ \$ 200.00 Full Season U8 thru U14 Travel ~~~ New Travel Player/Replacement Uniform \$ 50

Experience Playing Travel Soccer: _____ Positions Played: _____

UNIFORMS: You will be contacted by e-mail in July for Uniform sizing - Please check one

RETURNING PLAYER - UNIFORM STILL FITS RETURNING PLAYER - NEED NEW UNIFORM NEW PLAYER-NEED A UNIFORM

Medical Conditions or Allergies (please detail): _____

I grant consent to the West Paterson Soccer Association (WPSA) to utilize a picture of my child or ward for purposes of promotion on the WPSA website or related material. I also acknowledge that neither I nor my child is eligible for financial compensation for such usage. This consent is valid for the entire time my child or ward is in the West Paterson Soccer Association. I may revoke this consent at any time notifying the current soccer coordinator.

I wish to Volunteer for : (select all that apply)

Coach ___	Assistant Coach ___	Field Preparation: ___	Team Mom: ___	Where Needed ___
-----------	---------------------	------------------------	---------------	------------------

Parent/Guardian's Signature: _____ Date: ___/___/___