



For WSA Use Only

Player Entered
 Coach Entered
 Birth Certificate Checked
 WSA Number _____

Player Registration Form

Player Information

Last Name	First Name	Sex	Division	Birthday / /
Address	City/State/Zip	Home Phone		
Father	Father Work or Cell	Names of Siblings in WSA		
Mother	Mother Work or Cell			
Email Address	Sitter or Other Contact	Sitter or Other Contact Phone		

Player Uniform Information (Please circle the appropriate size, last size selected to the right)

Team Jersey Size: Youth Sizes: MEDIUM-YM, LARGE-YL Adult Sizes: SM, MED, LARGE, XLARGE, XXLARGE	Team Socks: Youth 19" Long Adult 24" Long
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Medical Information

Physician's Name	Physician's Telephone Number	Hospital Preference
Special Medical Information (condition, allergies, medication, etc.)		

Emergency Contact Information

Name	Telephone Number	Relationship
We, the parents of _____ give permission for emergency medical treatment for our child for illness or accident if we cannot first be contacted.		
Parent(s)/Guardian Signature		Date Signed

Volunteer Information: The success of our program depends on the voluntary participation of parents. Please indicate Volunteer Full Name, Contact Information (and Coaching Partner) next to position.

Name of Volunteer	Phone/Email	Shirt Size
Head Coach <input type="checkbox"/>		
Assistant Coach1 <input type="checkbox"/>		
Assistant Coach2 <input type="checkbox"/>		
Coaching Partner(s) <input type="checkbox"/>		

Special Requests (e.g. Carpool, Practice Restrictions)

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Soccer Experience

Season Played	Park District (Instructional)	Traveling (Competitive)	Highest U Level	First Season WSA
Other (Please Specify):				

Player Self-Assessment (Beginning of Last Season Played)

Player enjoyment and optimum learning experience depends on teams with balanced skills. Please complete the following player self assessment below to better support balanced team setting. (As a point of reference last seasons' self-assessment is given first.)

Passing	Dribbling	Goal Scoring	Tackling	Defensive Clearing	Averting Shots on Goal

Circle your ranking on your last team for each skill. Assume 11-player team. Where did you rank compared to the rest of the team? (1=lowest, 11=highest, 13=above this division)

	Passing	Dribbling	Goal Scoring	Tackling	Defensive Clearing	Averting Shots on Goal
Super Star	13	13	13	13	13	13
All-Star	11	11	11	11	11	11
Ultra High	10	10	10	10	10	10
Very High	9	9	9	9	9	9
High	8	8	8	8	8	8
High Mid	7	7	7	7	7	7
Mid Level	6	6	6	6	6	6
Novice Plus	5	5	5	5	5	5
Novice	4	4	4	4	4	4
Low Novice	3	3	3	3	3	3
Beginner	2	2	2	2	2	2
Raw Beginner	1	1	1	1	1	1