



West Paterson Soccer Association

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

Little Falls ~ Woodland Park ~ Totowa
Fall 2016 - Spring 2017 Registration
Travel Soccer - DOB between 2002-2008
Recreation Soccer for ages 5 - 8
FALL DEADLINE June 13, 2016 (space availability after that)
Tryouts listed on website. A coach will contact you once you are registered.

Mail Registration Form and Payment To:

WPSA

57 Grandview Drive Woodland Park, NJ 07424

www.wpsoccer.org

For More Information: Barbara Fitzgerald at: (973) 742-9275 or sheffieldfitz@optonline.net

Please complete this form & return it with a **CHECK** or **MONEY ORDER** (NO CASH) payable to **WPSA** by the deadline. **NO** refunds are given once paperwork is processed.

NOTE: There will be a mandatory parent meeting after the teams are established.

Players Name _____ D.O.B. ___/___/___ Gender: Male___ Female___

Parent/Guardian _____ Grade in FALL 2016 _____ School _____

Email Address(es) _____

Street _____ Home Phone No. _____

City & Zip _____ Mom Cell Phone# _____ Text Y / N

Dad Cell Phone# _____ Text Y / N

AREA OF INTEREST (Circle)

Recreational Soccer ages 5-8 w/Professional Trainer 2 days/week for 7 weeks (half year) Cost \$125

Recreational Soccer T-Shirt Size **YS YM YL AS AM**

Travel Soccer for the full year (fall & spring seasons) (full year) Cost \$320

Any team that chooses to play in a league other than MCYSA will be required to pay a higher registration fee.

Years Experience Playing Travel Soccer _____ Positions Played - **GOALIE / FIELD**

What other sports do you play during the year & when? _____

Do you plan on playing for any other travel soccer teams? If so, which one? _____

UNIFORM INFORMATION (FOR TRAVEL ONLY)

Shoe Size (for socks) _____

Player needs uniform **YES / NO** (Cost \$95 - in addition to registration fee)

T-Shirt size **YS YM YL AS AM AL AXL AXXL**

ALL returning players will receive new socks and a practice T-shirt . Please make sure you fill out sizes.

Medical Conditions or Allergies (please detail) _____

I grant permission to the West Paterson Soccer association (WPSA) to utilize a picture of my child or ward for purposes of promotion on the WPSA web-site or related material. I also acknowledge that neither I or my child is eligible for financial compensation for such

Parent/Guardian Signature: _____ Date: _____