



Watchung Hills Soccer Association

(Serving Warren, Watchung, Greenbrook and Long Hill Township)

Spring 2003 In-Town Recreational Soccer

www.WHSA.org

WHSA HOTLINE: (908) 647-8342

Girls - Grades 7 & 8

General Information – Save

- **Spring Season:** 4/05/03 - 6/21/03
- **Draft** for coaches - Wednesday, 3/26/03 at Central School, Warren, 7:00 pm
- Players notified of **team assignment** by 4/01/03
- **No practices/games** 4/19, 4/26 & 5/24/03
- **Awards Night** Tuesday, 6/24/03
- **No Makeups** due to inclement weather. Call the WHSA Hotline after 8:00 am for status
- **NEW FOR 2003 - COMPLETE UNIFORM PROVIDED**
- **Game times** vary weekly
- **Games played** Saturday
- Soccer cleats, shin guards & ball (size 5 recommended) are **mandatory**
- **Balls available** at field for \$10, first session

FEES & REGISTRATION: \$75 due March 15th - No Refunds

LATE REGISTRATION add \$10 late fee – no guarantee of team placement

Make Checks Payable to WHSA and mail to:

WHSA

P.O. Box 18

Martinsville, NJ 08836

Please!
DO NOT STAPLE your check to the registration form, thank you.



Detach Here

PLEASE Volunteer

- Coach Assistant/Co-Coach Assist with Administrative Duties
- I want to sponsor a team: Please call or email Eric Harvitt at 908-647-2417 or harvitt@aol.com
- Check here for extra-large uniform

Player's Name _____ Boy Girl Birth Date _____

Parent's Names _____ Grade _____

Address _____ Years played soccer _____

City, State, Zip _____ Phone (_____) _____

Email (please print legibly) _____ @ _____

PARENTS APPROVAL: I, the parent or legal guardian of the above player, state that my child is in good health and approve of his/her participation in the Watchung Hills Soccer Association, which is a member of the Mid Jersey Youth Soccer Association. The registration fee is not to be interpreted as an insurance fee. Insurance will be the responsibility of each parent for an injury or loss incurred while participating in the soccer program. Insurance will not be provided by or through the Watchung Hills Soccer Association.

THIS SECTION MUST BE COMPLETED OR CHILD CANNOT PARTICIPATE

Insurance Company: _____ Policy or Plan Number: _____

Parent's or Guardian's Signature: _____ Date: _____