



# Watchung Hills Soccer Association

(Serving Long Hill Township, Warren, Watchung & Green Brook, NJ)

WHSA HOTLINE: (908) 647-8342

## Indoor 2002 Soccer Registration

### BOYS and GIRLS Grades 1st -8th (NO Experience Necessary)

INDOOR Season: 1/4/2002 - 03/15/02

Draft for coaches/assistant coaches Tuesday 12/11  
7:00pm at [Warren Middle School](#)

Players notified of team assignment by 1/4/02

**No games or practices 2/15/02**

**No makeup** games due to inclement weather or school functions

**Teams** divided by grade - limited to 10 players

**Games played Friday nights in Warren and Watchung. NO practices**

**Game Start Times: 6pm - 10pm. Youngest kids play earliest.**

**WHSA Team shirts** supplied

Sneakers and shin guards are **mandatory.**

**Fee & Registration \$50 due Dec. 1st, 2001 NO REFUNDS  
No Requests (except for siblings) - No Trades after Draft**

Make Checks Payable to "WHSA" and mail to

**WHSA  
P.O. Box 18  
Martinsville, NJ 08836**

Your child needs your help. Please volunteer as one of the following:

Coach                       Assistant coach                       Assist with Administrative Duties

I want to sponsor a team: Please contact Eric Harvitt 908-647-2417 harvitt@aol.com

Player's Name \_\_\_\_\_

Boy                       Girl

Parents' Names \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Grade (Fall 2001) \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

School \_\_\_\_\_

Phone (include area code) \_\_\_\_\_

Years played soccer \_\_\_\_\_

Email \_\_\_\_\_

Grade started playing \_\_\_\_\_

\*Sponsor: Name & Number: \_\_\_\_\_

Check Number \_\_\_\_\_ Amount: \$ \_\_\_\_\_

PARENTS' APPROVAL: I, the parent or legal guardian of the above player, state 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 New Jersey Youth Soccer Association. I acknowledge that I must provide insurance coverage for my child in case of an injury or loss incurred while participating in the soccer program.

### THIS SECTION MUST BE COMPLETED OR CHILD CANNOT PARTICIPATE

Insurance Company \_\_\_\_\_ Policy or Plan Number \_\_\_\_\_

Parents or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_