

**Cape Cod Women's Soccer League
2008 Player Registration Form
(17 and Over League)**

Name _____

Summer Address _____

Summer Phone _____ **E-mail** _____

Permanent Address (if different) _____

Permanent Phone (if different) _____ **Age** _____ **DOB** _____

Position(s) _____ **T-shirt Size:** _____

Level of play (beginner, h.s., college, yrs. experience) _____

Emergency Contact Name and Number _____

Players must be 17 years of age by May 31, 2008. (Players must bring driver's license to all games, or other photo proof of age.)

INJURY WAIVER: I hereby absolve the Cape Cod Women's Soccer League and all coaches, managers, officers, referees and others participating in league activities from all liabilities and will not hold them responsible for injury incurred to the above registered person.

RULES: I have read the rules and mission statement of the CCWSL and agree to adhere by them.

Signature _____ **Date** _____

(Parent/guardian signature if player is under age 18)

Non-Refundable Registration Fee: \$75. Deadline for Registration: Extended to May 31, 2008.

Please make check payable to: **Cape Cod Women's Soccer League**, or **CCWSL**, and send with completed registration form and copy of photo i.d. to:

Julie Lamson, 21 Greengate Rd., Falmouth, MA 02540

Select team you would like to register for. Indicate 1st and 2nd choices by writing 1 or 2 next to team.

____ Bourne/Sandwich

____ Falmouth

____ Lower Cape

____ Mashpee

____ Barnstable

____ Dennis/Yarmouth