

**Cape Cod Women's Soccer League  
2009 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, 2009. (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, 2009.**

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 the team you would like to register for. Indicate 1<sup>st</sup> and 2<sup>nd</sup> choices by writing 1 or 2 next to team.

\_\_\_\_\_ Sandwich

\_\_\_\_\_ Falmouth

\_\_\_\_\_ Lower Cape

\_\_\_\_\_ Mashpee

\_\_\_\_\_ Barnstable

\_\_\_\_\_ Dennis/Yarmouth