



# WASUP SPRING NATIONAL TOURNAMENT REGISTRATION

## Western Athletic Sports Unified Program

Date:  -  - 

Registration Fee \$300.00 Per Team

Make Checks Payable to WASUP

EACH Participant MUST Completely fill out Liability-Medical Release Form

### Coaches Information

First Name  Last Name Address  Apt. City  State  Zip TEAM NAME Contact #  -  -  Alt. Contact #  -  - E-Mail 

Divisions: 8U Coed  10U Coed  12U Coed  14U Coed  17U Coed

### Player's Info:

Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical Name: Age as of Aug 1, 2015  DOB  /  /  Birth Cert. #  Liability / Medical 

#### OFFICIAL USE ONLY

Amount Pd: Check # CC League Official