

Waza FC's Youth Development Program – Spring 2021  
Tuesdays and Wednesdays (May 4 – June 9, 2021)

Waza Juniors !!

**Location:** Lifa Soccer Field, 320 Peruville Road, Lansing NY

**Class Options) – All 3 groups train 5-6pm**

U6 & younger (Birth years 2015, 2016, 2017) \_\_\_\_\_ \$130

U7/8 (Birth years 2013 & 2014) \_\_\_\_\_ \$150

U9/10 (Birth years 2011 & 2012) \_\_\_\_\_ \$170

**\*\* Fees include!**

- Professional Coaching Staff will be running all sessions
- Sessions will all be outdoors with strict adherence to Covid guidelines. All Coaches and players will wear masks at all times.
- Make up sessions are available in case of severe weather.
- All players will receive a Waza FC shirt!

Player Name: \_\_\_\_\_ Gender: F / M

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

• **Registration Deadline: April 19, 2021**

\$10 late fee applied to any registrations beyond this deadline

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor Name/Number: \_\_\_\_\_

Dentist Name/Number: \_\_\_\_\_

Health Insurance Info: \_\_\_\_\_

Allergies and other information that coaching staff should know to best serve your child (please explain clearly; it will remain confidential):

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**Waiver**

I, the undersigned legal parent/guardian of the child listed below, hereby give permission for my child, \_\_\_\_\_ to participate in Waza FC's Spring 2021 Youth Development Program (YDP) / "Waza Juniors" **(the program)** at my and his or her own risk. I understand that there is NO supplemental **accident insurance coverage** provided for participants in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith any and all decisions of the officials/person(s) in charge.

Recognizing the possibility of physical injury associated with soccer and in consideration for NYSWYSA, Waza FC, BC United Soccer Club and Maureen Whitehead accepting the applicant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used to run the program, against any claim by or on behalf of the applicant as a result of the applicant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

This child has had a physical exam within the last year and there is no medical restriction(s) to prevent program participation.

I and the above applicant hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Photo Release for newspaper or Waza FC website (signature required):  
\_\_\_\_\_

Return Application, Waiver & Payment to:

\*\* Cash, check and Venmo accepted

\*\* Checks made out to Maureen Whitehead or YDP  
Venmo to @Maureen-Whitehead

Maureen Whitehead  
200 Blackstone Ave.  
Ithaca, NY 14850

\*\* Direct questions on the program and application process to Coach Maureen Whitehead @ [mmd0315@gmail.com](mailto:mmd0315@gmail.com) or 607.280.0480.