

**2010 SPRING SEASON**  
**WISA TEAM REGISTRATION INFORMATION SHEET**

ENTRY DEADLINE: **February 20, 2010**

SEASON STARTS: **March 14, 2010**

VIA EMAIL **February 20, 2010 5:00p**

[WISA@hawaii.rr.com](mailto:WISA@hawaii.rr.com)

NO EMAIL OF ROSTER MEANS YOU WILL NOT BE CONSIDERED REGISTERED

**COMPLETE REGISTRATION &  
PICK UP PACKETS :**

**FEBRUARY 20, 2010 1:30P-3:00P  
BOOTH DISTRICT PARK**

1:30P - AHONUI - HE KINI POPO 550

2:00P - HOA'ALOHA - KULE'A

2:30P - LEAHI - NALO

3:00P - NALU - WAHINE

**USE FORMS THAT WERE EMAILED**  
**FAILURE TO DO SO WILL NULL YOUR REGISTRATION**

**PLEASE BRING AND TURN IN:**

**FEBRUARY 20, 2010**

- TEAMS FEES SHEET completed with one check attached and team name on check.
- CHECK WITH CORRECT AMOUNT MADE OUT TO **WISA**
- ROSTER SORTED ALPHABETICALLY BY LAST NAME computer generated with complete information
- HSA REGISTRATION FORMS ALPHABETICAL MATCHING each player on the roster
- SIGNED PLAYERS PASS WITH PICTURE for any new players needing a new player pass.  
INCOMPLETE FORMS WILL BE RETURNED AND PLAYERS WILL NOT BE ALLOWED TO PARTICIPATE.
- MAKE NEW PLAYER PASSES FOR NEW PLAYERS OR PLAYERS WITH NAME CHANGE
- ARRANGE PLAYER PASSES IN ALPHABETICAL ORDER

**PLEASE NOTE:**

- OPEN DIVISION - No players under 16 years of age.
- DIVISION TWO - Only THREE (3) age 16-18 years per team.
- DIVISION MAKULE 030- Players must be THIRTY (30) years or older by date of registration.
- DIVISION MAKULE 040- Players must be FORTY (40) years or older by date of registration.
- Team Reps are legally responsible to make sure that the signature on the form is by the player or
- Any player under 18 must also have a parent or legal guardian sign the registration form
- Rosters are limited to 20 players. There is a minimum of 11 players
- ONLY players on the INITIAL TEAM ROSTER will be allowed to play in the first game.

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**ADDING NEW PLAYERS**

**REGISTRATION MATERIALS MUST BE POSTMARKED  
10 DAYS PRIOR TO THE GAME**

**SUBMIT:**

- SELF ADDRESSED/STAMPED ENVELOPE
- HSA REGISTRATION FORM – Completed **legibly** and signed  
**NO FAXED COPIES WILL BE ACCEPTED**
- PLAYER PASS – signature ONLY
- ORIGINAL PICTURE of player's face– The size of a quarter.  
(No sunglasses or hats. These are ID pictures.)
- PLAYER FEE – \$25.00 paid in full check from TEAM REP. PAYABLE TO HSA

If sending more than 1 registration, please write player's name on the back of the picture and paper clip to the REGISTRATION FORM. A new PLAYER PASS must be made for any player who has not participated in WISA within the last 5 years or has had a name change

**PLEASE SEND IN ALL ITEMS TOGETHER. OTHERWISE, PLAYER WILL NOT BE  
REGISTERED.**

**MAIL TO THE WISA REGISTRAR**

ALMA HO

4280 SALT LAKE BLVD., #J-66

HONOLULU, HI 96818

**[WISA@hawaii.rr.com](mailto:WISA@hawaii.rr.com)**

# TEAM FEES SHEET

SPRING 2010

TEAM NAME:

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TEAM REP:

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EMAIL

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CONTACT PHONE NUMBER

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TEAM FEE:

\$ 750.00

PERFORMANCE BOND (\$100.00 FOR NEW TEAMS)

\$ \_\_\_\_\_

FINES ( - )

\$ \_\_\_\_\_

CREDITS ( + )

\$ \_\_\_\_\_

HSA PLAYER FEE: (# OF PLAYERS x \$25.00)

*NEW PLAYERS FOR SPRING ONLY*

\$ \_\_\_\_\_

TOTAL DUE & PAYABLE TO WISA:

\$

- ✓ THIS FORM TO BE COMPLETED AND TURNED IN WITH CHECK
- ✓ PLEASE SUBMIT ALL FEES ON ONE CHECK PAYABLE TO WISA
- ✓ PLEASE WRITE TEAM NAME ON THE CHECK

**WISA REGISTRAR**

ALMA HO

4280 SALT LAKE BLVD., #J-66

HONOLULU, HI 96818

[WISA@hawaii.rr.com](mailto:WISA@hawaii.rr.com)

**ATTACH CHECK HERE**

**HAWAII SOCCER ASSOCIATION  
PLAYER REGISTRATION FORM 2009 TO 2010**

NAME \_\_\_\_\_, \_\_\_\_\_

LAST

first

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ SEX: M F

PHONE: H \_\_\_\_\_ Cell or Bus \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY: MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ US CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

LEAGUE: \_\_\_\_\_ TEAM: \_\_\_\_\_

**If you are currently registered with a CSAH, HRSL, MISO, MISO MASTERS or WISA team please circle the appropriate league and provide us with the team's name** \_\_\_\_\_

In consideration of being allowed to participate in any way for the **United States Adult Soccer Association, Inc., Its Affiliates, Leagues, and Member Teams**, its related events and activities, the undersigned, acknowledges, appreciates and agrees that:

- 1) The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the United States Adult Soccer Association, Inc. Its Affiliates, Leagues and Member Teams, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date signed \_\_\_\_\_

Participant's Signature

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasee, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date signed: \_\_\_\_\_