

## Lower Columbia Women's Soccer Association

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDR: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TEAM(s): \_\_\_\_\_ Over 30:  Over 40:   
EMAIL: \_\_\_\_\_ Include in league emails? Yes:  No:

I agree to abide by all the rules and regulations while a registered member of LCWSA and WSSA. I understand that I will be subject to a fine for any violations.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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