



Wayzata Soccer Club

Authorization to Distribute Personal Information

I authorize the team manger/WSC representatives to use and distribute all information supplied below to fellow team members, the Wayzata Soccer Club, MYSA or other parties required in order for the team to participate in practice, league sponsored activities and selected tournaments.

Player's Name: _____

Player's Address: _____

Player's Phone: _____

First Parent Name: _____ Please check if same as player _____

First Parent Address: If different _____
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First Parent Home Phone if different: _____

First Parent Work/Day Phone #: _____ **Cell Phone #:** _____

Second Parent Name: _____ Please check if same as player _____

Second Parent Address: If different: _____

Second Parent Home Phone if different: _____

Second Parent Work/Day Phone #: _____ **Cell Phone #:** _____

List all Email addresses you would like team information sent to:

1. _____
2. _____

First Parent Authorization: _____

Second Parent Authorization: _____