



US YOUTH SOCCER ASSOCIATION MEMBERSHIP
WISCONSIN YOUTH SOCCER ASSOCIATION

REGISTER PARTICIPANT

First Name:		Middle Name:		Last Name:	
DOB (mm/dd/yyyy):		Gender:		Mother's DOB (mddd):	
Emergency Contact:			Emergency Phone:		
Doctor:			Doctor Phone:		
Medical Condition(s):					

PROGRAM

Club:					
Program:		Division:		Age Group:	

FAMILY INFORMATION

Primary Guardian:

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

Other Guardian: *Address same as above*

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

*This form is intended for player registration purposes only.
Please supplement with a signed copy of the WYSA Release of Liability and Consent for Medical Treatments forms.*



Wisconsin Youth Soccer Association
10201 W Lincoln Ave, Suite 207, West Allis, WI 53227
(P) 888.328.9972 (F) 414.328.8008
www.wiyouthsoccer.com





RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____ (print full name), the "Registrant," recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I, the undersigned Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYSA"), and the Wisconsin Youth Soccer Association and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., I, the Registrant hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the United States Soccer Federation, United States Youth Soccer Association and the Wisconsin Youth Soccer Association, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact the Wisconsin Youth Soccer Association's Executive Director. Please note that the Registrant shall not be permitted to participate in any Wisconsin Youth Soccer Association sponsored program or game unless and until this form is signed and returned to an authorized Wisconsin Youth Soccer Association representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and Wisconsin Youth Soccer Association's Executive Director.

This Release shall remain in effect from the date it is signed below through to August 1, 2010, the start of next year's fall soccer season, and shall be interpreted under Wisconsin law.

Dated: _____

Signature of parent or legal guardian

Print Name



Helping Wisconsin's Youth Hit Their Goals

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Email: wiyouthsoccer@wiyouthsoccer.com
Web site address: www.wiyouthsoccer.com





Consent for Medical Treatment

With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, _____ (print full name) the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: All coaches and managers; all officers and officials of the soccer club to which I belong; all United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYSA"), and Wisconsin Youth Soccer Association officers, directors or other league or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that I may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve my life or well-being. I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect from the date it is signed below through to August 1, 2010, the start of next year's fall soccer season, and shall be interpreted under Wisconsin law. I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact Wisconsin Youth Soccer Association to discuss any questions I had about the above Release and Consent.

Dated: _____

Signature of parent or legal guardian

Print Name



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