

# USYSA Membership

WISCONSIN YOUTH SOCCER ASSOCIATION

For League Use Only

- Transfer
- New
- Registration
- Change/Correction



Youth Division of the United States Soccer Federation (USSF)  
 Affiliated with the Federation Internationale de Football Association (FIFA)

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div \_\_\_\_\_

Club/Team Name \_\_\_\_\_

(Use Code Only) 0 2 | W I | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Region | State | District | League | Club | Team | Recreational =R  
 Competitive =C

I.D. # \_\_\_\_\_

PLEASE TYPE OR PRINT FIRMLY AND LEGIBLY.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Male = M Player = P Coach's License Level  
 Female = F Coach = C

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone ( ) \_\_\_\_\_



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 SOCCER  
 ASSOCIATION

## Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_ Parent/Legal Guardian (please print)

Signature X \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical 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 the life, limb or well-being of my dependent.

Signature of Parent of Guardian \_\_\_\_\_

X \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Business Telephone. ( ) \_\_\_\_\_

### OFFICIAL USE ONLY

Picture Received Yes No  
 Birthdate Verified Yes No

Registration Fees:

Player Fee .....\$ \_\_\_\_\_

Coach's Fee .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Check No. \$ \_\_\_\_\_

Received By \_\_\_\_\_

Date \_\_\_\_\_