



ADULT PLAYER REGISTRATION FORM
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):					
T-shirt size:	small	medium	large		

PROGRAM

Club:					
Program: (choose one)	WPL – Women's Premier League Men's U23	Division: (choose one)	Women Premier Women First Division Men's U23	Age Group: (choose one)	Women Men

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

