



WISCONSIN YOUTH SOCCER ASSOCIATION

MEMBERSHIP FORM

2024-2025 SEASON



PLAYER INFORMATION	First Name: _____ MI: _____ Last Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>
	Club: _____ Program: _____ Age Group: _____
	School(during season): _____ Grade: _____ Last Team: _____
	Team/Friend/Coach Request: _____
	Emergency Contact: _____ Emergency Phone: _____
	Doctor: _____ Doctor Phone: _____
	Medical Conditions: _____ Allergies: _____

PRIMARY GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Parental Support - Check area(s) you are willing to help <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Field Prep <input type="checkbox"/> Concessions <input type="checkbox"/> Uniforms <input type="checkbox"/> Event/Tournament <input type="checkbox"/> Fundraising <input type="checkbox"/> Other
	First Name: _____ Last Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Home Phone: _____ Cell Phone: _____	
	Company & Occupation: _____	
	Business Phone: _____ Email: _____	

OTHER GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Parental Support - Check area(s) you are willing to help <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Field Prep <input type="checkbox"/> Concessions <input type="checkbox"/> Uniforms <input type="checkbox"/> Event/Tournament <input type="checkbox"/> Fundraising <input type="checkbox"/> Other
	First Name: _____ Last Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Home Phone: _____ Cell Phone: _____	
	Company & Occupation: _____	
	Business Phone: _____ Email: _____	

OFFICIAL USE ONLY		
Date & Time: _____		
Club: _____		
Team: _____		
<input type="checkbox"/> Picture Received <input type="checkbox"/> Birth Doc Received <input type="checkbox"/> Birth Date Verified		
Registration Fees:		
	Amount	Payment Type
Reg Fee.....	\$ _____	_____
Other Fee....	\$ _____	_____
TOTAL	\$ _____	_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED
<p>Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.</p> <p>My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.</p> <p>I agree that if it appears that my child may have sustained a concussion or head injury that he or she is to be removed from the competition until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.</p> <p>I understand that once a player has been offered a position on a team, has accepted a position on that team, and completes registration, that player is committed to the club for the seasonal year (8/1 – 7/31). The WYSA player transfer policy also takes effect at this time.</p> <p>Signature: _____ Date: _____</p> <p>Addendum only for those players having sustained a possible concussion or head injury: On (date) _____ my player sustained a possible concussion or head injury. He/she has been examined by a trained medical professional and has been cleared to participate in soccer activities as of today. Signature of Medical Professional: _____ Date: _____</p>