WISCONSIN YOUTH SOCCER ASSOCIATION
MEMBERSHIP FORM
2025-2026 SEASON

PLAYER INFORMATION

First Name:_____ MI:_____ Last Name: _____

Date of Birth (MM/DD/YY):_____ Gender: M ☐ F ☐

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: ☐ Father ☐ Mother ☐ Other/Legal Gender: M ☐ F ☐

First Name:_____ Last Name: _____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone: _____

Company & Occupation: _____

Business Phone:_____ Email: _____

Parental Support - Check area(s) you are willing to help

- ☐ Coach
- ☐ Asst Coach
- ☐ Team Manager
- ☐ Field Prep
- ☐ Concessions
- ☐ Uniforms
- ☐ Event/Tournament
- ☐ Fundraising
- ☐ Other

OTHER GUARDIAN

Guardian Type: ☐ Father ☐ Mother ☐ Other/Legal Gender: M ☐ F ☐

First Name:_____ Last Name: _____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone: _____

Company & Occupation: _____

Business Phone:_____ Email: _____

Parental Support - Check area(s) you are willing to help

- ☐ Coach
- ☐ Asst Coach
- ☐ Team Manager
- ☐ Field Prep
- ☐ Concessions
- ☐ Uniforms
- ☐ Event/Tournament
- ☐ Fundraising
- ☐ Other

OFFICIAL USE ONLY

Date & Time: _____
Club:_____
Team: _____

- ☐ Picture Received
- ☐ Birth Doc Received
- ☐ Birth Date Verified

Registration Fees:

	Amount	Payment Type
Reg Fee……	$_____	_____
Other Fee….	$_____	_____
TOTAL	$_____	_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED

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.

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.

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.

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.

Signature:_____ Date:_____

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:_____