



# Madison Area Youth Soccer Association Player Registration Form



PLAYER'S LAST NAME: \_\_\_\_\_ PLAYER'S FIRST NAME: \_\_\_\_\_ M OR F: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ MOTHER'S BIRTHDATE (MM/DD): \_\_\_\_/\_\_\_\_

FAMILY E-MAIL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE ENTERING IN FALL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK or CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK or CELL PHONE: \_\_\_\_\_

NAME OF PREVIOUS TEAM: \_\_\_\_\_ COACH'S NAME: \_\_\_\_\_ YEARS PLAYED: \_\_\_\_ UNIFORM SIZE(X): YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_

PARENT WOULD LIKE TO (X) COACH: \_\_\_\_\_ ASSIST COACH: \_\_\_\_\_ MANAGER: \_\_\_\_\_ OTHER: \_\_\_\_\_

MY CHILD QUALIFIES FOR OUR SCHOOL'S FREE OR REDUCED LUNCH PROGRAM (X): \_\_\_\_\_

COMMENTS OR REQUESTS FOR TEAM SELECTION: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES OR HEALTH CONDITIONS: \_\_\_\_\_

PERSON TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

### 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. The undersigned parent or legal guardian of the 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 ("WI 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., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the USSF, USYSA, and the WI 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 and his or her parents or legal guardians. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

I hereby grant the Madison Area Youth Soccer Association ("MAYSA") permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all of its publications, including website entries, printed or other media, whether now known or hereafter existing, controlled by MAYSA, in perpetuity, and for other use by MAYSA without further consideration. I hereby irrevocably authorize MAYSA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing MAYSA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

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 MAYSA's Executive Director. Please note that the Registrant shall not be permitted to participate in any MAYSA sponsored program or game unless and until this form is signed and returned to an authorized MAYSA representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and MAYSA's Executive Director.

This Release shall remain in effect for the duration of the soccer season circled below and shall be interpreted under Wisconsin law.

2009-10      2010-11

### 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, 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 of my child's team; all officers and officials of the soccer club to which my child's team belongs; 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 my child 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 the life or well-being of my child. My child and 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 shall remain in effect for the duration of the soccer season circled below and shall be interpreted under Wisconsin law.

2009-10      2010-11

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact WI Youth Soccer Association or MAYSA to discuss any questions I had about the above Release and Consent.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

#### Coaches/Registrars Complete this Section

Team Name: \_\_\_\_\_ Age Group U- \_\_\_\_\_ (X) Girls \_\_\_\_\_ Boys or Mixed \_\_\_\_\_ Coaches Name \_\_\_\_\_