



# WISCONSIN YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM 2017-2018 SEASON



<b>PLAYER INFORMATION</b>	First Name: _____ MI: _____ Last Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD/No Year Req'd): _____
	Club: _____ Program: _____ Age Group: _____
	School(during season): _____ Grade: _____ Last Team: _____
	Team/Friend/Coach Request: _____
	Emergency Contact: _____ Emergency Phone: _____
	Doctor: _____ Doctor Phone: _____
Medical Conditions: _____ Allergies: _____	

<b>PRIMARY GUARDIAN</b>	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<b>Parental Support - Check area(s) you are willing to help</b>  <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: _____	

<b>OTHER GUARDIAN</b>	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<b>Parental Support - Check area(s) you are willing to help</b>  <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
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: _____
<b>Addendum only for those players having sustained a possible concussion or head injury:</b>
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: _____

# WAUKESHA UNITED SOCCER CLUB (WUSC)

## Rules and Responsibilities for Players, Parents, and Coaches

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### Players' Responsibilities & Rules

1. Participate in fundraising and sponsorship events to raise funds to cover cost to play for the club.
2. Work hard, have fun and give your best effort every time you are on the field for practices or games.
3. Wear all required equipment (shin guards, proper shoes & uniforms).
4. Pay attention to the coaches when they are speaking and providing instructions on or off the field. Respect the decisions of the referee.
5. Be a team player. Players should learn the rules of soccer and play by them at all times. Learn and develop teamwork, discipline and sportsmanship and practice them.
6. Be on time for all games and practices. Persistent lateness or absence will result in reduction of playing time.
7. Disrespectful behavior to coaches, referees or other players will not be tolerated. The use of indecent or profane language is unacceptable. Use of such language may result in suspension.
8. Fighting, horseplay or any physical or verbal abuse will not be tolerated. Penalties may include issuing a red card and ejection from the game. The Board may impose additional penalties up to and including suspension from the league



### Parents' Responsibilities & Rules

1. Help child with fundraising and sponsorship events to raise funds to cover cost to play for the club.
2. Be sure that your child attends all practices and games. Coordinate transportation to ensure that the player is prompt when arriving and departing. If unable to attend a game or practice, notify the coach and/or manager of the team. Persistent, unexcused absences and lateness may affect the future inclusion of a player on the game roster.
3. Ensure that your child brings all equipment and uniforms to games and practices.
4. Support your child's coach and help when you can. Disagreements with your coach do not belong on the field. Questions, input and positive suggestions should be voiced to the coach in the absence of players.
5. Parents are encouraged to come and watch, but should not shout instructions from the sidelines. This causes confusion. Players should listen for coach's and ref's instructions only.
6. Parents and spectators for each team should remain at least six feet behind the sidelines and across the field from players. Parents should not stand behind the goal posts or goal line. Parents should not go on the field before, during, or in-between games.
7. Parents are expected to set a good example for the children at all times by their positive behavior, sportsmanship, attitude and language. Abusive language, behavior or physical assault may result in immediate suspension from the soccer program.
8. Parents are expected to demonstrate respect for the referees.

### Coaches' Responsibilities & Rules

1. Coaches are expected to demonstrate good sportsmanship and treat players fairly.
2. Organize practices to train soccer fundamentals appropriate to the age group.
3. Provide a safe environment, ensure player safety and ensure that an authorized adult picks up every child.
4. Allow each player to play at least one-half of each recreational game.
5. Ensure that players and no more than two coaches are on one side of the field, with parents and spectators situated on the opposite side. Coaches should not go beyond their half line, nor should they go on the field or stand behind the goal line.
6. Know the rules, respect the referees and act in a controlled manner on the field.
7. Disrespectful behavior to players, coaches, spectators or referees will not be tolerated and may result in a red card. The Board may impose additional penalties up to and including suspension from the league.



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These WUSC Rules and Responsibilities include completion of the Wisconsin Youth Soccer Association (WYSA) Membership Form attached hereto and incorporated herein, authorizes Waukesha United Soccer Club (WUSC) to rely on the information provided therein and extends the Medical and Liability Release to WUSC.

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Parent/Guardian's Signature

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Date



# WAUKESHA UNITED SOCCER CLUB (WUSC)

## Medical Release Form

Waukesha United Soccer Club

4080 A N. Brookfield Rd.

Brookfield, WI 53045

Email: WaukeshaUnited@wi.rr.com

[www.waukeshaunited.org](http://www.waukeshaunited.org)

### PLAYER'S MEDICAL INFORMATION

Player's Name: Birth Date: Gender: ☐ Female ☐ Male

Street Address: City:

State: Zip: Email Address:

Parent Name: Home Phone: ( ) Business Phone: ( )

Email Address: Cell Phone: ( ) Receive Texts? ☐ Yes ☐ No

Parent Name: Home Phone: ( ) Business Phone: ( )

Email Address: Cell Phone: ( ) Receive Texts? ☐ Yes ☐ No

#### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: Phone 1: ( ) Phone 2: ( )

Name: Phone 1: ( ) Phone 2: ( )

Please list player allergies:

Please list other medical conditions:

Physician: Phone 1: ( ) Phone 2: ( )

Medical/Hospital Insurance Company: Phone: ( )

Policy Holder's Name: Policy Number:

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, Waukesha United Soccer Club (WUSC), their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in WUSC programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: Date:

Relation to player: ☐ Father ☐ Mother ☐ Guardian



# Waukesha United SC Uniform Order Sheet

**Please print clearly!**

Player Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Shirts Size: (red)      YXS   YS   YM   YL   S   M   L   XL  
(Please circle your choice)

Shorts Size: (black)      YXS   YS   YM   YL   S   M   L   XL  
(Please circle your choice)

Socks: (red & black)      S (shoe size up to 4)   M (4-9)   L (9 on up)  
(Please circle your choice)

Cost for Uniform is \$40.00

☐ Please check here if you wish to fundraise for the uniforms. Please note that the minimum fundraising amount increases to \$290 per player.

Parent Signature: \_\_\_\_\_

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## **Office Use:**

Fundraised amount: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

