



MAILING address ONLY:

WUSC

c/o CCC

4080A N. Brookfield Rd.

Brookfield, WI 53045



NEW Players ONLY

☐ I wish to enroll my child in the Spring 2020 Session and order the following uniform.

Please print clearly!

Player Name: _____

Parent's Name: _____

Email Address: _____

Parent Signature: _____

Please indicate size: SHIRT: Youth – ☐ YS, ☐ YM, ☐ YL or Adult – ☐ S, ☐ M, ☐ L, ☐ XL

SHORTS*: Youth – ☐ YS, ☐ YM, ☐ YL or Adult – ☐ S, ☐ M, ☐ L, ☐ XL

* If your child has black soccer shorts and socks, you do NOT need to order those.

All NEW players MUST also complete a full registration/release form.

Please mail form along with payment. If ordering shirt, please also indicate shirt size.



WISCONSIN YOUTH SOCCER ASSOCIATION

MEMBERSHIP FORM

2019-2020 SEASON



PLAYER INFORMATION	First Name: _____ MI: _____ Last Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> 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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F	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: <input type="checkbox"/> M <input type="checkbox"/> F	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
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: _____

WISCONSIN / WAUKESHA UNITED SOCCER CLUB (WUSC)

Rules and Responsibilities for Players, Parents, and Coaches

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.



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.

Parent/Guardian's Signature

Date



MAILING address ONLY:

WUSC
c/o CCC
4080A N. Brookfield Rd.
Brookfield, WI 53045



Spring 2020 Season

Cost: \$85

Team Uniform:

Shirt ONLY - **\$15** – All NEW players MUST order a team shirt.

Complete Uniform*- **\$40** - Shirt, Shorts & Socks

Sizes: Youth – YS, YM, YL or Adult – S, M, L, XL

* If your child has black soccer shorts and socks, you do NOT need to order those. You also do NOT need to order team shirt if you already have a uniform from previous seasons.

Deadlines

Registration & Fees: February 26, 2020

Please mail form along with payment. If ordering shirt, please also indicate shirt size.