



WISCONSIN YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM 2018-2019 SEASON



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| PLAYER INFORMATION | 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: _____ | |

| | | |
|-------------------------|---|---|
| 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 |
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| <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> |

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