



Iowa County Youth Soccer Association – Spring 2010 Registration Form

U11/U12/U14 Fall players do not need to register for Spring

Mail Completed Forms to: ICYSA PO Box 84 Dodgeville, WI 53533 Make Checks Payable to: Iowa County Soccer Late Registrations will be assessed a processing fee of \$15 for U6-U10 and \$25 for U12-U14. Player Information – 1 form per player	Birth Date				
	Age Group	From	To	Fee	
	Under-14	8/1/1995	7/31/1997	\$75	
	U-12/U-11	8/1/1997	7/31/1999	\$75	
	Under-10	8/1/1999	7/31/2001	\$50	
	Under-8	8/1/2001	7/31/2003	\$40	
	Under-6	8/1/2003	7/31/2005	\$40	
	Under-4	8/1/2005	7/31/2006	\$20	
Family Discount \$10 off each additional enrolled child					
Please See the Registration Cover Letter for more information					
First Name:		Last Name:			
Street Address:		City:	Zip:		
Phone: () -	Birth Date: / /	Gender: Male / Female	School:		
Health Conditions:	New Player: Yes / No	Years Played:	Grade as of 9/1/2009:		
T-shirt Size: (Please circle one) YXS(4-5) YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46-48)					
Comments:		Availability: (please circle weeknights you are <u>not</u> available) <div style="text-align: center;"> Mon Tues Wed Thurs Fri </div>			
Parent/Guardian Information		Required for State/Insurance purposes →		Mothers Birthdate: / /	
Last Name:	First Name:	Home Phone: () -	Cell Phone: () -		
Address:		Email:			
Last Name:	First Name:	Home Phone: () -	Cell Phone: () -		
Address:		Email:			
Volunteer Information Parent(s) who would like to help with: (Circle One or more. Print the Volunteer's Name on the line that follows.)					
Coach _____	Registration _____	Team Manager _____	Referee _____		
Asst Coach _____	Field Painting _____	Pick-up Litter _____	Other _____		
Doctor/ Emergency Contact Information					
Doctor's Name:	Doctor's Clinic:		Doctor's Phone: () -		
Emergency Contact Name:	Emergency Contact's Relationship to Player(s):		Emergency Contact Phone: () -		
For Office Use Only					
Age Group:	Team #:	Siblings:	Date Received:	Amt Paid:	Check #:

ICYSA – Liability Release & Medical Consent Form

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____, the "Registrant," recognizes that soccer is a vigorous 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. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile 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 Youth Soccer Association ("USYSA"), the Wisconsin Youth Soccer Association ("WYSA") and ICYSA Affiliated, Inc., d/b/a ICYSA 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(4), 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 USYSA, WYSA and ICYSA, 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 by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of USYSA, WYSA, ICYSA or their member soccer clubs. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

This release shall remain in effect for the duration of the 2009-2010 soccer season and shall be interpreted under Wisconsin law.

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 USYSA, WYSA and ICYSA 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 is in effect for the duration of the 2009-2010 soccer season.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the "Iowa County Youth Soccer Association" (ICYSA) to discuss any questions I had about the above release and consent.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____