

WISCONSIN YOUTH SOCCER ASSOCIATION



2020-2021 SEASON

7	First Name:	MI:	Last Name:	
PLAYER INFORMATION	Date of Birth (MM/DD/YY):	Gender: M F		
	Club:	Program:	Age Group:	
	School(during season):			
	Team/Friend/Coach Request:			
	Emergency Contact:Emergency Phone:			
	Doctor:			
Δ.	Medical Conditions:			
PRIMARY GUARDIAN				
		Zip:Team Manager		
		Field Prep		
PRI	Company & Occupation:			Event/Tournament
	Dusiliess Filolie.			Other
OTHER GUARDIAN	Guardian Type: Father Mother O First Name: Address: City: Home Phone: Company & Occupation: Business Phone:	Last Name: State: Cell Phone:	_Zip:	Parental Support - Check area(s) you are willing to help Coach Asst Coach Team Manager Field Prep Concessions Uniforms Event/Tournament Fundraising Other
OFFICIAL USE ONLY IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED				
Date & Time:			sconsin Youth Soccer Association son/daughter as a player in the (the "Programs"), I consent to my otherwise indemnify WYSA, US ciated personnel, and volunteers, ny claim by or on behalf of my ograms and/or being transported s been found physically capable of d/or doctor of medicine or and agree to be responsible ead injury that he or she is to be nal can examine them and ovide a written clearance for my ccepted a position on that team, nal year (8/1 – 7/31). The WYSA 	