



## Rush WI West/Boys & Girls Club La Crosse Registration Form

	, ,	
	First Name: MI: Last Name:	
<u>N</u>	Date of Birth (MM/DD/YY): Gender:	
MAT	Club: Age Group	
OR	School(during season): Grade: Last Team:	
Z	Team/Friend/Coach Request:	
PLAYER INFORMATION	Emergency Contact:Emergency Phone;	
Š	Doctor:Doctor Phone:	
۵.	Medical Conditions: Allergies:	
	_ Guardian Type: ☐ Father ☐ Mother ☐ Other/Legal Gender: ☐ M ☐ F	
Z	Guardian Type.   Father   Wother   Other/Legal Gender.   W   F	
ā	First Name:Last Name:	
AR	Address:	
PRIMARY GUARDIAN	១ City: State: Zip:	
~	Home Phone: Cell Phone:	
¥	Nome in the incited and incite	
₹	Company & Occupation:	
-	Business Phone:Email:	
	Guardian Type: ☐ Father ☐ Mother ☐ Other/Legal Gender: ☐ M ☐ F	
Z	First Name:Last Name:	
OTHER GUARDIAN	Address:	
	Address:	
	City: Zip: Zip:	
-	9	
ER (	Home Phone:Cell Phone:	
THER (	Home Phone: Cell Phone: Company & Occupation:	
OTHER (		
OTHER	Home Phone: Cell Phone:  Company & Occupation:  Business Phone: Email:	
OTHER (	Business Phone:Email:	
	Business Phone:Email:  IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST	BE SIGNED
Rec	Business Phone:Email:  IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Yo	BE SIGNED outh Soccer Association
Rec (W)	Business Phone:Email:	BE SIGNED  Buth Soccer Association Buth Soccer in the grams a player in the grams"), I consent to my
Rec (W) soci	Business Phone:Email:	BE SIGNED outh Soccer Association ter as a player in the rams"), I consent to my indemnify WYSA, US
Rec (W) soci	Business Phone:Email:	BE SIGNED  buth Soccer Association ter as a player in the rams"), I consent to my indemnify WYSA, US rsonnel, and volunteers,
Rec (W) soci son You incli	Business Phone:Email:	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US sonnel, and volunteers, or on behalf of my
Rec (WY soci son, You incli play to o	Business Phone:Email:	BE SIGNED  Buth Soccer Association for as a player in the fams"), I consent to my indemnify WYSA, US sonnel, and volunteers, or on behalf of my d/or being transported
Rec (WY soci son. You inclu play to o	Business Phone:Email:	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US sonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of
Rec (WY) soci son, You incli play to o My: part	Business Phone:Email:	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US sonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of or of medicine or
Rec (WY soci son, You incli play to o My part den	Business Phone:Email:	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US sonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of or of medicine or
Rec (WY soci son, You incli play to o My: part den fina I ag	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin You WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per recluding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree to inancially for the reasonable cost of each assistance and/or treatment.  Agree that if it appears that my child may have sustained a concussion or head injury to	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my findemnify WYSA, US fronnel, and volunteers, for on behalf of my fidor being transported  and physically capable of fron medicine or to be responsible  that he or she is to be
Rec (WY) soon you incli play to o My: part den fina I ag rem	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin You WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per recluding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree to inancially for the reasonable cost of each assistance and/or treatment.  Agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition that the competition is the competition to the competition of the competition that t	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my findemnify WYSA, US from behalf of my d/or being transported  and physically capable of from fraction or to be responsible  that he or she is to be framine them and
Rec (WY) soci son, You incliplay to o My: part den fina I ag rem	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin You WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per recluding the owner of fields and facilities utilized for the Programs, against any claim by alayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree to inancially for the reasonable cost of each assistance and/or treatment.  Agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can examprove their return to play soccer. In such case, I understand that I am to provide a writering the programs and the programs and the provide a writering the programs and	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my findemnify WYSA, US from behalf of my d/or being transported  and physically capable of from fraction or to be responsible  that he or she is to be framine them and
Reco (WY) soon You included to o My: part den fina I ag rem app play	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin You WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per recluding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree to inancially for the reasonable cost of each assistance and/or treatment.  Agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition until such time that a trained medical professional can expend the competition that the competition is the competition to the competition of the competition that t	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my findemnify WYSA, US from the sonnel, and volunteers, for on behalf of my for being transported  and physically capable of from to be responsible  that he or she is to be for amine them and fitten clearance for my
Rec (WY social son, You incliplay to o My: part den fina I ag rem app play I un and	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Yo WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per notuding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four earticipating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment. agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- approve their return to play soccer. In such case, I understand that I am to provide a writely enough that once a player has been offered a position on a team, has accepted a player to return to play soccer.	BE SIGNED  Buth Soccer Association Iter as a player in the Iter as a player in
Reco (WY) social you included to o My: partition final I ag rem app play I un and play	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Yo WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per holuding the owner of fields and facilities utilized for the Programs, against any claim by elayer son/daughter as a result of my son's/daughter's participation in the Programs and to or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four elentistry provide my son/daughter with medical assistance and/or treatment and agree of elentistry provide my son/daughter with medical assistance and/or treatment.  agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- exprove their return to play soccer. In such case, I understand that I am to provide a wri- elayer to return to play soccer.  understand that once a player has been offered a position on a team, has accepted a player transfer policy also takes effect at this time.	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US from sonnel, and volunteers, for on behalf of my differ being transported  and physically capable of from from edicine or to be responsible  that he or she is to be amine them and fitten clearance for my position on that team, from 1/1 - 7/31). The WYSA
Reco (WY) social you included to o My: partition final I ag rem app play I un and play	IMPORTANT MEDICAL AND LIABILITY RELEASE — MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Yo WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programon/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per notuding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four earticipating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment. agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- approve their return to play soccer. In such case, I understand that I am to provide a writely enough that once a player has been offered a position on a team, has accepted a player to return to play soccer.	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US from sonnel, and volunteers, for on behalf of my differ being transported  and physically capable of from from edicine or to be responsible  that he or she is to be amine them and fitten clearance for my position on that team, from 1/1 - 7/31). The WYSA
Reco (WY social	IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin YowYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Progron/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per necluding the owner of fields and facilities utilized for the Programs, against any claim by alayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and of doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs and the Programs and the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs, against any claim by soccer.  I appear to return to play soccer.  I appear to return to play soccer.  I appear to return to play soccer.  I appear to return	BE SIGNED  buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US resonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of of medicine or to be responsible  that he or she is to be amine them and itten clearance for my position on that team, 11 – 7/31). The WYSA  as: d injury:
Rec (WY social son, You included to o My apart den fina I aggreem app play I un and play Sigr	IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Yo WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Programs) con/daughter participating in the Programs. Further, I release, discharge, and otherwise fouth Soccer, its member organizations and sponsors, their employees, associated per colluding the owner of fields and facilities utilized for the Programs, against any claim by allayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize. My son/daughter has received a physical examination by a physician and has been four carticipating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree to consider that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition until such time that a trained medical professional can ex- agree that if it appears that my child may have sustained a concussion or head injury to emoved from the competition, that player is committed to the club for the seasonal year (8) alayer transfer policy also takes effect at this time.  Date  Addendum only for those players having sustained a possible concussion or head on (date)	BE SIGNED  Buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US resonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of of medicine or to be responsible  that he or she is to be amine them and ditten clearance for my position on that team, /1 - 7/31). The WYSA  a: d injury: injury. He/she has been
Rec (WY social son, You included to o My a part den fina I aggreem app play I un and play Sigr	IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST Recognizing the possibility of injury or illness, and in consideration for the Wisconsin YowYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daught occer programs and activities of WYSA, US Youth Soccer and its members (the "Progron/daughter participating in the Programs. Further, I release, discharge, and otherwise Youth Soccer, its member organizations and sponsors, their employees, associated per necluding the owner of fields and facilities utilized for the Programs, against any claim by alayer son/daughter as a result of my son's/daughter's participation in the Programs and or or from the Programs, which transportation I authorize.  My son/daughter has received a physical examination by a physician and has been four participating in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and of doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs and the Programs and the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs. I give my consent to have an athletic trainer and/or doctor lentistry provide my son/daughter with medical assistance and/or treatment and agree training in the Programs, against any claim by soccer.  I appear to return to play soccer.  I appear to return to play soccer.  I appear to return to play soccer.  I appear to return	BE SIGNED  buth Soccer Association for as a player in the frams"), I consent to my indemnify WYSA, US resonnel, and volunteers, or on behalf of my d/or being transported  and physically capable of of medicine or to be responsible  that he or she is to be amine them and fitten clearance for my position on that team, /1 - 7/31). The WYSA  a: d injury: injury. He/she has been er activities as of today.