



RUSH WI WEST SOCCER CLUB



BOYS & GIRLS CLUBS OF GREATER LA CROSSE

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

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
	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
	First Name: _____ Last Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Home Phone: _____ Cell Phone: _____
	Company & Occupation: _____
	Business Phone: _____ Email: _____

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: _____