WINONA YOUTH SOCCER ASSOCIATION

COMPETITIVE/TRAVELING
PLAYER REGISTRATION FORM

Name: ______________________________________ ______________________________ ______
Last First M.I.

Gender: (circle one) M / F Date of Birth: ___________________________

Address: ____

City: _______________________________________ State: ______________ Zip: ______________

Home Phone: _____________________ Cell Phone #: ______________________

Father's Name: _____________________ Day Phone #: ______________________

Mother's Name: ____________________ Day Phone #: ______________________

Email address(es) for receiving WYSA/team information: _______________________________________

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Along with this completed registration form, a copy of the player's birth certificate is needed. It must be from a government agency, not a hospital or baptismal record. This copy will be kept in our files as long as the child continues to register with our club and need not be submitted every year.

Player Fees are $150.00 (family cap is $375.00). If you register after January 30, 2005, a late fee of $25.00 per player will be assessed. A $75.00 nonrefundable payment is due at the time of registration with the balance due on May 1st. No player passes will be issues until the balance is paid in full. If scholarship assistance is needed, please contact the WYSA registrar (Lauren Miene at 452-2399) for the scholarship form.

Please make checks payable to WYSA and mail to: Registration, PO Box 841, Winona, MN 55987

THIS SPACE FOR CLUB USE

Check Amount: _________________ Check # _________________ Date: ______________________

Check Amount: __________________ Check # _________________ Date: ______________________

WINONA YOUTH SOCCER ASSOCIATION

MULTI-PURPOSE FORM:

PARENT AGREEMENT, MEDICAL CONSENT, MEDICAL EMERGENCY

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the USYA and MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

PARENT/GUARDIAN NAME (please print) REGISTRANT'S NAME (please print)

____ ____

PARENT/GUARDIAN SIGNATURE______________________________ DATE_____/_____/_____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the USYSA-MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

SIGNATURE_________________________________DATE_____/______/_____

EMERGENCY INFORMATION

________________________ __________________________________ (______)____________________

CONTACT NAME ADDRESS PHONE

________________________ __________________________________ (______)____________________

ALTERNATE TO NOTIFY ADDRESS PHONE

________________________ __________________________________ (______)____________________

PHYSICIAN/HMO/CLINIC ADDRESS PHONE

_________________________________ __________________________________

MEDICAL INSURER POLICY NUMBER

_________________________________ __________________________________

DENTIST PHONE NUMBER

_________________________________ __________________________________

DENTAL INSURER DENTAL POLICY NUMBER

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LIST ANY MEDICAL PROBLEMS, LIMITATIONS, ALLERGIES OR CONDITIONS THE PLAYER MAY HAVE