

<h2 style="margin:0;">USYSA Membership</h2> <p style="margin:0;">WISCONSIN YOUTH SOCCER ASSOCIATION</p>	For League Use Only Transfer New Registration Change/Correction	<p style="font-size: x-small; margin-top: 10px;">Youth Division of the United States Soccer Federation (USSF) Affiliated with the Federation Internationale de Football Association (FIFA)</p>
Parent/High School Student E-Mail: _____ Shirt Size (circle one): S M L		I.D. # _____
Parents/Guardians: Would you be willing to coach: Y N <small>Please note - you will be reimbursed for one child after completing a full season of coaching</small>		

PLEASE TYPE OR PRINT FIRMLY AND LEGIBLY.

Last Name	First Name	Int.	Address	City
State	Zip Code	Area Code	Telephone Number	Month D/C/B
Male = M Female = F	Player = P Coach = C	Coach's License Level		

Father's Name	Occupation	Bus. Phone ()	
Mother's Name	Occupation	Bus. Phone ()	
List any medical problem or prohibition player has _____			
Person to notify in emergency	Telephone ()		
Doctor to notify in emergency	Telephone ()		

	<h3 style="text-align: center; margin:0;">Important</h3> <p style="font-size: x-small; margin:0;">I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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.</p> <p style="margin:0;">Name _____ Parent/Legal Guardian (please print)</p> <p style="margin:0;">Signature <input checked="" type="checkbox"/> _____</p>
--	---

<p style="font-weight: bold; font-size: small;">CONSENT FOR MEDICAL TREATMENT (MINOR)</p> <p style="font-size: x-small;">As the parent or legal guardian of the above-named player, I hereby give 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.</p> <p>Signature of Parent of Guardian X _____</p> <p>Address _____ City _____ State _____ Zip Code _____ Home Telephone () _____ Business Telephone () _____</p>	<p style="font-weight: bold; font-size: small;">OFFICIAL USE ONLY</p> <p>Registration Fees:</p> <p>Player Fee \$ _____</p> <p>Coach's Fee \$ _____</p> <p>Other \$ _____</p> <p style="text-align: right;">TOTAL \$ _____</p> <p style="text-align: right;">Cash \$ _____</p> <p style="text-align: right;">Check No. \$ _____</p> <div style="border-top: 1px solid black; margin-top: 10px; padding-top: 5px;"> <p style="text-align: right; font-size: x-small;">Received By _____</p> <p style="text-align: right; font-size: x-small;">Date _____</p> </div>
--	---

Publication/Website Picture Permission Form

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of you on the BW Hawk Soccer website and/or for other BW Hawk Soccer publicity. Please return this form with your registration form.

To GRANT permission to use your picture

I, _____ (Please print your name)
GRANT permission for BW Hawk Soccer to publish photos of me in BW Hawk Soccer's various forms of publications, or on BW Hawk Soccer's website. I give BW Hawk Soccer the perpetual, royalty-free right to use my photo(s) in any manner including but not limited to publications and websites.

I understand that both the various publications and websites have a large audience and my photo will be available to the general public. I further understand that BW Hawk Soccer assumes no liability or responsibility whatsoever concerning any consequences of such use.

I understand that if I give notice to the President or to the webmaster that I object to any particular picture on the website, it will be removed as soon as possible.

Publication of these photos may include first names for identification purposes unless I check the box below that I do not give permission for my name to be used.

Please DO NOT include my first name with my photo

SIGNED _____

Dated ____/____/____

To REFUSE permission to use your picture

I, _____ (Please print your name)
REFUSE to grant permission for BW Hawk Soccer to publish pictures of me in any publications or on BW Hawk Soccer's website. Any pictures which include a recognizable picture of me may not be used unless I change this statement with particular written permission to the contrary for that instance.

SIGNED _____

Dated ____/____/____