



Verona Area Soccer Club
Madison Area Youth Soccer Association
 Player Registration Form



Player's Last Name _____ First Name _____ Scholarship Needed? _____

Address _____ City _____ Zip _____

Phone _____ Gender: _____ Birthdate _____ Grade in Fall 2011 _____ Fall Age Group U _____

Mother/Guardian Name _____ Phone (H) _____ Phone (C) _____ Phone (W) _____

Mother's Email _____ Mother/Guardian Birthdate (MM/DD) _____

Father/Guardian Name _____ Phone (H) _____ Phone (C) _____ Phone (W) _____

Father's Email _____

Previous Team _____ Coach _____ Will Volunteer As: Coach Asst Coach Manager

Comments or requests _____ Physician or Clinic _____ Phone _____

Allergies/Medical Condition _____

Emergency Contact (not parent) _____ Phone _____ Relation to Player _____

The undersigned parent or legal guardian of _____ the "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the United States Youth Soccer Association ("USYSA"), the Wisconsin Youth Soccer Organization ("WYSA") and MAYSA Affiliated, Inc, b/d/a MAYSA and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, Sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and, all harm caused by negligence and release, discharge, and/or otherwise indemnify USYSA, WYSA and MAYSA, and three respective clubs coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of USYSA WYSA, MAYSA or their member soccer clubs. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

I hereby grant the Madison Area Youth Soccer Association ("MAYSA") and the Verona Area Soccer Club (VASC) permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all of its publications, including website entries, printed or other media, whether now known or hereafter existing, controlled by MAYSA or VASC, in perpetuity, and for other use by MAYSA or VASC without further consideration. I hereby irrevocably authorize MAYSA or VASC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing MAYSA's or VASC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

With full knowledge of the risks of injury in the game of Soccer, I here authorize the following persons, to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a Practice, game, tournament, scrimmage or while attending or traveling to or from any of those activities. All coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs; all USYSA, WYSA and MAYSA officers, directors or other League or District officials; and all other directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in. This Consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to, preserve the life or well -bring of my child. My child and I hold harmless and indemnify the above listed persons for any injury or damage related to administration of emergency medical, care as authorized herein.

This Release of Liability and Consent for Medical Treatment is in effect for the duration of the soccer season listed below

2011-2012

I have read and fully understand the above statement, I acknowledge before signing I had an opportunity to contact MAYSA to discuss any questions I had about the above release and comment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____

Coaches or Registrar Complete This Section:				
Team Name: _____	Age Group U- _____	Girls _____	Boys/Mixed _____	Coach _____