



The Madison Alliance:
 Madison 56ers, Magic, Middleton United, Regent and Verona Area Soccer Clubs
MAYSA Tryout and Player Registration Form

check #
 date:
 tryout #
 for office use only

Please print neatly and legibly

Mothers day of birth: month/date (not year) ____/____

Player's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (Alt) _____ Gender_(m/f) _____ Birthdate ____/____/____ Grade in fall _____

Parent/Guardian Name _____ e-mail _____

Parent/Guardian Name _____ e-mail _____

Current Club _____ Current Team _____ Coach's Name _____

Fall age group _____ Scholarship? _____ Goalie? _____ Playing Up? _____ School _____

Which Club are you trying out for?

If trying out for the Madison 56ers and are not offered a position, are you interested in an Alliance team?

If yes, which club is your first choice?

If not offered a Classic spot, are you interested in playing recreational soccer?

If yes, which club?

Enclosed is a copy of my child's: Birth certificate Passport Other

Allergies/medical conditions _____

Emergency Contact (other than parent) _____ phone _____ relation to child _____

RELEASE OF LIABILITY

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.

This release shall remain in effect for the duration of the 2011-12 soccer season and shall be interpreted under Wisconsin law.

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.

Consent for Medical Treatment

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 Consent for Medical Treatment is in effect for the duration of the 2011-12 soccer season.

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 _____

Additional copies of this form can be found at www.veronasoccer.org.