

# Iowa County Youth Soccer Association – 2011-2012 Registration Form

**ICYSA is registering for the 2011-2012 soccer season. There will not be a separate spring registration period.**

<b>Mail Completed Forms to:</b> ICYSA PO Box 84 Dodgeville, WI 53533  Registrations Due By: <b>July 1<sup>st</sup>, 2011</b>		<b>PLEASE CIRCLE WHICH AGE GROUP APPLIES</b>				
		<b>Age Group</b>	<b>Birth Dates</b>	<b>Fee</b>		
Make Checks Payable to: <b>Iowa County Soccer</b> <b>**Family Discount \$5 off each additional enrolled child**</b>  Late Registrations will be assessed a processing fee \$15 for U6-U10      \$25 for U12-U14		U14	08/01/97 - 07/31/99	\$130 Full \$75 One Season		
		U11 / U12	08/01/99 - 07/31/01	\$130 Full \$75 One Season		
		U10	08/01/01 - 07/31/03	\$100 Full \$60 One Season		
		U8	08/01/03 - 07/31/05	\$75 Full \$45 One Season		
		U6	08/01/05 - 07/31/07	\$75 Full \$45 One Season		
<b>Player Information – 1 form per player</b>		<b>PLEASE CIRCLE PLAYING CHOICE BELOW</b>				
		<b>Full Year</b>	<b>Fall Only</b>	<b>Spring Only</b>		
First Name:		Last Name:				
Street Address:		City:	Zip:			
Birth Date:    /    /	Gender:    Male / Female	School:	Grade for 2011-2012:			
New Player:    Yes / No	Years Played:	Residency (Check One):      _____ Dodgeville School District _____ City of Dodgeville      _____ Outside Dodgeville School District				
Jersey Size:    YS (6-8)    YM (10-12)    YL (14-16)    AS (34-36)    AM (38-40)    AL (42-44)    AXL (46-48)						
Health Conditions/Comments:		Availability: (please circle weeknights you are <b>not</b> available to practice) Mon      Tues      Wed      Thurs      Fri				
<b>Parent/Guardian Information</b>		<b>Required for State/Insurance purposes →</b>		Mothers Birthdate:    /    /		
First Name:	Last Name:	Home: (    )    -	Cell: (    )    -			
Address if different from above:		Email:				
First Name:	Last Name:	Home: (    )    -	Cell: (    )    -			
Address if different from above:		Email:				
<b>Volunteer Information</b> Parent(s) who would like to help with: (Circle One or more. Print the Volunteer's Name on the line that follows.)						
Volunteer Name _____ Board Member \ Coach \ Asst Coach \ Team Manager \ Referee \ Field Painting						
Volunteer Name _____ Board Member \ Coach \ Asst Coach \ Team Manager \ Referee \ Field Painting						
<b>Release of Liability</b>						
The "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent serious 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 Association ("WYSA") and ICYSA Affiliated, Inc., d/b/a ICYSA 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 ICYSA, and their 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, ICYSA or their member soccer clubs. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.						
<b><u>This Release shall remain in effect for the duration of the 2011-2012 soccer season and shall be interpreted under Wisconsin law.</u></b>						
<b>Consent for Medical Treatment</b>						
With full knowledge of the risks of injury in the game of soccer, I hereby 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 ICYSA officers, directors or other League or District officials; and all 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-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.						
<b><u>This Consent for Medical Treatment is in effect for the duration of the 2011-2012 soccer season.</u></b>						
I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the "Iowa County Youth Soccer Association" (ICYSA) to discuss any questions I had about the above release and consent.						
SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____				DATE: _____		
<b>For Office Use Only</b>						
Age Group:	Team #:	Siblings:	Other:	Date Received:	Amt Paid:	Check #: