



WPL Player Registration Form

Please print legibly and sign the form at the bottom. Include a color photograph for your player pass.



Team and Club Information

League Name _____ Division _____

Club/Team Name _____

Region 02 State WI Team Manager _____

Player Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Male Female

Parent or Guardian Information

Father's Name _____ Alternate Phone _____

Mother's Name _____ Alternate Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

Important

I, or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WYSA, 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.

Player Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Helping Wisconsin's Youth Hit Their Goals

10201 West Lincoln Ave. Suite 207 West Allis, WI 53227-2027

Tel: 888-328-9972 Fax: 414.328.8008

Email: wiyouthsoccer@wiyouthsoccer.com

Web site address: www.wiyouthsoccer.net