

# 2008 REGISTRATION FORM



www.mcunitedsoccer.org

Please mail registration forms to:  
P.O. BOX 1071  
Wausau, WI 54402



## REGISTRATION FEES

Registration fees for the 2008 season are \$117 per child or Family Cap of \$275. The fee includes Central Wisconsin Soccer League dues, Wisconsin Youth Soccer Association dues. If you need scholarship assistance, please make a note of it in the check box below.

SCHOLARSHIP ASSISTANCE

## RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA (United States Youth Soccer Association), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the sponsors, their employees and associated personnel, including the owner of the 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.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PLAYER REGISTRATION INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Player's Home Telephone: \_\_\_\_\_

Check One:  MALE  FEMALE

Nearest Public Elementary School: \_\_\_\_\_

School Grade Level-Fall 2007: \_\_\_\_\_

**SURVEY:** Would you be interested in tryout teams?

This does not mean we will have tryout teams for 2008 season.

YES  NO

## PARENTAL CONTACT INFORMATION

Father's Name: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's Work/Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Mother's Work/Cell Phone: \_\_\_\_\_

Primary email: \_\_\_\_\_

Secondary email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

EYS REC LEAGUE AND WAYSA REGISTRATION COMING SOON!