



WISCONSIN YOUTH SOCCER ASSOCIATION GENEVA LAKE UNITED MEMBERSHIP FORM FALL 2018-SPRING 2019 SEASON

2018/19 RATES

- In-House: \$55
- U8: \$75
- U9-U14: \$100

Geneva Lake United Soccer Club, PO Box 85, Fontana, WI 53125 • www.GenevaLakeUnited.org • registrar@genevalakeunited.org

PLAYER INFORMATION	First Name: _____ MI: _____ Last Name: _____	
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD/No Year Req'd): _____	
	Level Request (if different than age): _____ Team/Friend/Coach Request: _____	
	School(during season): _____ Grade: _____ Last Team: _____	
	<i>U10 & Above Only</i> – Choose your female player's team preference: (Co-ed Team, Girls Team, Wherever She's Needed)* _____	
	Emergency Contact: _____ Emergency Phone: _____	
	Doctor: _____ Doctor Phone: _____	
	Medical Conditions: _____ Allergies: _____	
	UNIFORM INFORMATION (U8 & Up Only):	
	<input type="checkbox"/> I need a Jersey (+\$19) Size (circle one): YS, YM, YL, AS, AM <input type="checkbox"/> I already have a jersey Jersey # _____ <input type="checkbox"/> I need shorts (+\$14) Size (circle one): YS, YM, YL, AS, AM <input type="checkbox"/> I need socks (+\$8)	

PRIMARY GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Parental Support - Check area(s) you are willing to help <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Parent Practice Aide <input type="checkbox"/> Team Parent <input type="checkbox"/> Admin. Helper <input type="checkbox"/> Registration Crew Member <input type="checkbox"/> Concession Crew Member <input type="checkbox"/> Line Maint. Crew Member <input type="checkbox"/> Promotions Crew Member
	First Name: _____ Last Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Home Phone: _____ Cell Phone: _____	
	Company & Occupation: _____	
	Business Phone: _____ Email: _____	

OTHER GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Parental Support - Check area(s) you are willing to help <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Parent Practice Aide <input type="checkbox"/> Team Parent <input type="checkbox"/> Admin. Helper <input type="checkbox"/> Registration Crew Member <input type="checkbox"/> Concession Crew Member <input type="checkbox"/> Line Maint. Crew Member <input type="checkbox"/> Promotions Crew Member
	First Name: _____ Last Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Home Phone: _____ Cell Phone: _____	
	Company & Occupation: _____	
	Business Phone: _____ Email: _____	

OFFICIAL USE ONLY		
Date & Time: _____		
<input type="checkbox"/> Picture Received <input type="checkbox"/> Birth Doc Received		
Registration Fees:		
	Amount	Payment Type
Reg Fee.....	\$ _____	_____
Other Fee....	\$ _____	_____
TOTAL	\$ _____	_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED
<p>Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.</p> <p>My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.</p> <p>I agree that if it appears that my child may have sustained a concussion or head injury that he or she is to be removed from the competition until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.</p> <p>I understand that once a player has been offered a position on a team, has accepted a position on that team, and completes registration, that player is committed to the club for the seasonal year (8/1 – 7/31). The WYSA player transfer policy also takes effect at this time.</p> <p>Signature: _____ Date: _____</p> <p>Addendum only for those players having sustained a possible concussion or head injury: On (date) _____ my player sustained a possible concussion or head injury. He/she has been examined by a trained medical professional and has been cleared to participate in soccer activities as of today. Signature of Medical Professional: _____ Date: _____</p>

* When possible these preferences are considered, but depending on registration numbers, we may not always be able to accommodate these requests.



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GLU POLICIES

STATELINE SOCCER DISTRICT ZERO TOLERANCE POLICY Initial _____

The Stateline District of the Wisconsin Youth Soccer Association, in an attempt to create a safe and rewarding soccer opportunity for all the youth in the district, is adopting a ZeroTolerance Policy. This policy will be enforced by every club in the district and the Stateline District Board.

It is up to each coach to set an example of behavior and each coach is responsible for his or her team's and fan's behavior. Abusive language or behavior from players, coaches or parents will not be tolerated.

If a referee must ask for a fan, coach or player to control themselves, they will do so through that team's coach. If the intolerable language or behavior persists after a second warning, the referee may suspend the game and the district board will determine the result of the game.

Any warnings of poor sportsmanship will be reported on the game report by the referee.

50% PLAY TIME Initial _____

The US Youth Soccer Association rules state that all recreational players will play at least 50% of each game. Please be advised that GLU coaches reserve the right to make exceptions to the 50% playing time rule for players who are frequently absent from weekly practices. This policy does not apply to illness, family schedule conflicts, etc. However, it does apply in situations where players miss repeated practices without notifying the coach in advance. In addition, a history of player misconduct may result in reduced playing time at the coach's discretion.

MEDIA RELEASE Initial _____

I grant the Geneva Lake United Soccer Club permission to take photographs of me and/or my child(ren) during practices, events, games and competitions. I authorize the use of the photographs for purposes such as publicity, illustration, advertising and web content.