

WINONA YOUTH SOCCER ASSOCIATION

MULTI-PURPOSE FORM:

PARENT AGREEMENT, MEDICAL CONSENT, MEDICAL EMERGENCY

PARENT/GUARDIAN AGREEMENT

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

PARENT/GUARDIAN NAME (please print) REGISTRANT'S NAME (please print)

PARENT/GUARDIAN

SIGNATURE _____ DATE ____/____/____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the USYSA-MYSA programs, I hereby give my 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.

SIGNATURE _____ **DATE** ____/____/____

EMERGENCY INFORMATION

CONTACT NAME ADDRESS PHONE

ALTERNATE TO NOTIFY ADDRESS PHONE

PHYSICIAN/HMO/CLINIC ADDRESS PHONE

MEDICAL INSURER POLICY NUMBER

DENTIST PHONE NUMBER

DENTAL INSURER DENTAL POLICY NUMBER

LIST ANY MEDICAL PROBLEMS, LIMITATIONS, ALLERGIES OR CONDITIONS THE PLAYER MAY HAVE

**WINONA YOUTH SOCCER ASSOCIATION
PLAYER REGISTRATION FORM, 2008**

Name: _____
(Last) (First) (M.I.)

Gender: Male Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Father's Name: _____ Day Phone #: _____

Mother's Name: _____ Day Phone #: _____

Email address for receiving WYSA/team information: _____

Along with this completed registration form, a copy of the player's birth certificate is needed. It must be from a government agency, not a hospital or baptismal record. This copy will be kept in WYSA files as long as the player continues to register with the club. A birth certificate is needed only if the player has not submitted a copy in a previous year.

Player fees are \$180.00 (family cap is \$440.00). A late fee of \$25.00 per player will be assessed on registrations received after Monday February 11, 2008. A \$75.00 nonrefundable payment is due at the time of registration, with the balance due by April 1, 2008. No player passes will be issued until the balance is paid in full. Partial scholarship assistance is available for 2008. An application may be obtained by contacting the WYSA registrar, Mary Keane at keane910@gmail.com or 452-2871.

Please make checks payable to WYSA and mail to: Registration PO Box 841, Winona, MN 55987

WYSA will loan each player the two uniform jerseys for use during the season. All players MUST wear the WYSA uniform shorts and may wear their shorts from last season or purchase new shorts for \$15.00 (payable to WYSA with the registration check). If new shorts are needed, please indicate the size and quantity below.

Small _____ Medium _____ Large _____ X-Large _____

For Registrar's Use

Check Amount: \$ _____ Check # _____ Date: _____

Check Amount: \$ _____ Check # _____ Date: _____

WINONA YOUTH SOCCER ASSOCIATION
Financial Scholarship Request Form, 2008

WYSA is a volunteer-run organization. Player registration fees are the primary source of income for the club. However, due to support from the BK5K we are able to offer limited scholarship to our participants that request assistance. **This form must be returned by Monday Feb.11, 2008.** Scholarship requests for more than \$80 will be considered by the WYSA Board on an individual basis.

I am requesting a financial scholarship to allow _____ to participate
(Name of player)
in the 2008 WYSA summer season.

_____ I am requesting a scholarship in an amount up to \$80. Please indicate the specific amount requested: \$_____.

_____ I am requesting a scholarship for more than \$80. Please indicate the specific amount requested: \$_____. Please write a statement explaining financial need for the WYSA board's consideration in the space below:

_____ I am requesting a payment schedule to be set up for the payment of the \$180.00 player fee. (Please write your proposed payment schedule in the space below.)

Signature of parent/guardian _____

Date _____

Return this form to: WYSA Registration PO Box 841, Winona, MN 55987