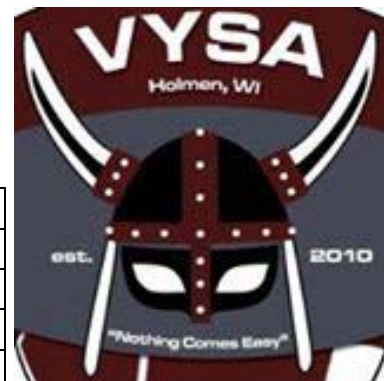


2015 VYSA Registration Form

Wisconsin Youth Soccer Association
Viking Youth Soccer Association, Inc.



Last Name	
First Name	
Address	
City, State, Zip	
Phone	
E-mail	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Date	
Grade (2015-2016)	

Age Level and Gender Registering For	U- <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/>
--------------------------------------	--

Age Groupings/Possible Available Teams by Birth Date for 2015-16 Season

U-14: August 1st, 2001 – July 31st, 2002 U-13: August 1st, 2002 – July 31st, 2003
U-12: August 1st, 2003 – July 31st, 2004 U-11: August 1st, 2004 – July 31st, 2005
U-10: August 1st, 2005 – July 31st, 2006 U-9: August 1st, 2006 – July 31st, 2007
U-8: August 1st, 2007 – July 31st, 2008

Registration Process:

Please complete this Registration form, the WYSA Medical Release Form, and the Code of Conduct Form. Forms are due to the Registrar by July 16, 2015 and can be emailed to patrick.rotering@gmail.com

Player Fees:

50% of Player fees are due at registration and the balance is due at the first practice. See player fee schedule on page 3. If your player needs a uniform, uniforms cost \$65. Checks can be made out to VYSA and given to Treasurer Tara Rieck or sent to:

VYSA
P.O. Box 193
Holmen, WI 54636

Practice Schedule and Location:

Practice will start first week of August on Tuesday, Wednesday and Thursday at Viking Elementary.

U8 – U12 from 5:30 to 7:00 pm

U13 – U17 from 7:00 pm to 9:00 pm.

Team Assignment: VYSA reserves the right to combine age groups when forming teams

Please direct any questions you have to Patrick Rotering 792-1931 or Andy Olson.

VYSA Player Contact Information

Player Information

Last Name	
First Name	
Address	
City	
Zip	
Telephone	
Sex	Male Female
Birthdate	

Fathers Information

Last Name	
First Name	
Email	
Home Phone	
Work Phone	
Cell Phone	

Mothers Information

Last Name	
First Name	
Mothers Birth Month and Day	(For League one Registration)
Email	
Home Phone	
Work Phone	
Cell Phone	

Emergency Contact: (If Parent or Guardian Cannot be reached)

Last Name	
First Name	
Phone	
Relationship	

Filled In by VYSA

Team Assignment	
Coaches Name	

VYSA Fall 2015 Soccer Tournaments

Age Group	Fees	Aug 15-16	Aug 22-23	Sept 11-13	Sept 19-20	Sept 26-27	Oct 16-17	Oct 23-25
U8	\$75	Wisconsin Dells, WI		CRUSA Jamboree	Tomah Jamboree	CRUSA Jamboree	Tomah Jamboree	
U9	\$75	Wisconsin Dells, WI		CRUSA Jamboree	Tomah Jamboree	CRUSA Jamboree	Tomah Jamboree	
U10 Grey	\$120	Wisconsin Dells, WI		CRUSA Jamboree	Tomah Jamboree	Wausau, WI	Tomah Jamboree	
U10 Maroon	\$200			New Berlin, WI	Oregon, WI	Wausau, WI	Tomah Jamboree	
U11/U12 Grey	\$120			CRUSA Jamboree	Tomah Jamboree	Wausau, WI	Tomah Jamboree	Verona, WI
U11 Maroon	\$300		Kenosha, WI	New Berlin, WI	Oregon, WI	Wausau, WI		Verona, WI
U12	\$300		Kenosha, WI	New Berlin, WI	Oregon, WI	Wausau, WI		Verona, WI
U13 Grey	\$120			CRUSA Jamboree	Tomah Jamboree	Wausau, WI	Tomah Jamboree	Verona, WI
U14 Grey	\$120			CRUSA Jamboree	Tomah Jamboree	Wausau, WI	Tomah Jamboree	Verona, WI
U14 Maroon	\$300		Kenosha, WI	New Berlin, WI	Oregon, WI	Wausau, WI		Verona, WI



WISCONSIN YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM 2015-2016 SEASON



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): _____
	Club: <u>Coulee Region Club (VYSA)</u> Program: _____ Age Group: _____
	School(during season): _____ Grade: _____ Last Team: _____
	Team/Friend/Coach Request: _____
	Emergency Contact: _____ Emergency Phone: _____
	Doctor: _____ Doctor Phone: _____
	Medical Conditions: _____ Allergies: _____

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"/> Team Manager <input type="checkbox"/> Field Prep <input type="checkbox"/> Concessions <input type="checkbox"/> Uniforms <input type="checkbox"/> Event/Tournament <input type="checkbox"/> Fundraising <input type="checkbox"/> Other
	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"/> Team Manager <input type="checkbox"/> Field Prep <input type="checkbox"/> Concessions <input type="checkbox"/> Uniforms <input type="checkbox"/> Event/Tournament <input type="checkbox"/> Fundraising <input type="checkbox"/> Other
	First Name: _____ Last Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Home Phone: _____ Cell Phone: _____	
	Company & Occupation: _____	
	Business Phone: _____ Email: _____	

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

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED
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.
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.
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.
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.
Signature: _____ Date: _____
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: _____

ANDY OLSON
PRESIDENT

MARK NICHOLSON
VICE PRESIDENT

BRAD REINHART
VICE PRESIDENT

MEG PAULINO
TREASURER

JOLENE RENDA
SECRETARY



WISCONSIN YOUTH SOCCER ASSOCIATION
SOUTHWEST DISTRICT
WWW.WYSASOUTHWEST.ORG

Parent Code of Conduct

I Agree To...

1. Accompany my child to as many orientation and informational meetings as possible.
2. Accept the authority of the coach to demonstrate strategy and player selection.
3. Avoid the use of tobacco and refrain from being under the influence of alcohol during practices or contests.
4. Help my children follow the athlete's code of conduct, team agreements and rules.
5. Encourage my son or daughter during contests and leave the coaching to the coach.
6. Ensure that my children attend all scheduled practices and contests. If my child is not able to make a scheduled practice or contest, we will be responsible for contacting the coach in advance.
7. Provide only supportive comments to coaches, officials, and players of all teams.
8. Show enthusiasm, interest, and support for our children. I will be a fan, not a fanatic.
9. Work closely with all program personnel to guarantee academic as well as athletic experiences for my child-athlete.

Signature of Parent/Guardian

Date: _____

Signature of Parent/Guardian

Date: _____

Athlete Code of Conduct

I Agree To...

1. Attend every practice and contest, unless I inform the coach in advance of my absence.
2. Give support and show respect to my teammates.
3. Emphasize academics and family over athletics.
4. Express myself intelligently and appropriately
5. Work hard, giving my best effort during each practice.
6. Practice sportsmanship at all times. Winners don't brag and losers don't make excuses.
7. Strive to be a positive influence in the way I talk and listen to my teammates, parents, and coaches.
8. Show respect for all game officials, and not challenge their authority.

Signature of Athlete

Date: _____

Registration Form

COMPLETE REGISTRATION FORM BELOW

Mail to: Holmen Park & Recreation Dept., P.O. Box 158, Holmen, WI 54636

Drop-off: at Holmen Village Hall, 421 S. main St., Holmen (24 Hour Drop Box Available)

Family Last Name: _____ Parent/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Cell Carrier: By listing your cellular carrier, you agree to receive important updates and cancellations via text message from the village of Holmen. Carrier: _____

Resident: Village of Holmen _____ Non-Resident: Township (check one): Town of Onalaska Town of Holland Other _____

Email: _____ ~~All checks must be payable to Holmen Park & Recreation~~

Holmen Area Aquatic Center Memberships Only (Complete this section) Membership Card will be mailed to you.

Parents' First & Last Names: _____

Children's Name (First, Last) Birth Dates Ages

1. _____

2. _____

3. _____

4. _____

Pool Family Memberships: Maximum of 2 adults and their children under 18, and step children under 18. NOT ALLOWED ON MEMBERSHIPS. Children over 18 years of age must obtain their own memberships. Baby sitters, day care employees, and Grandchildren of Village Residents are no longer eligible to be included on a membership.

Payment Method:
(Check one)

☐ Check (Please make one check for total due, payable to Holmen Park & Recreation)

☐ Cash

☐ Gift Certificate

☐ Credit Card

(circle)   Exp. Date ____/____

Card # _____

Card Holder Name: _____

Signature: _____

Participant's Name (First, Last)	M/F	Birth Date	Age	Grade	Program Title & Level (Code Number)	School	Shirt Size	Other Information (notes, requests, etc.)	Fee

Shirt Sizes: YS (6-8), YM (10-12), YL (14-16), AS (adult small), AM (adult medium), AL (adult large), AXL (adult extra large)

Sub Total

SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS.

ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS.

Other

Donation

Total Amount

I hereby understand that my son, daughter or self is registered to participate in the programs stated on this sheet, sponsored by the Village of Holmen. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my son, daughter, or self is in good physical condition appropriate for the stated activity, and I understand that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the Village of Holmen. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.

Parent or Guardian Signature: _____ Date: _____

YES, I would like to be a volunteer coach. Name: _____ Program: _____

Registrations must be filled out completely with payment or the registration will be returned.