



**US YOUTH SOCCER ASSOCIATION MEMBERSHIP**  
WISCONSIN YOUTH SOCCER ASSOCIATION

**REGISTER PARTICIPANT**

First Name:		Middle Name:		Last Name:	
DOB (mm/dd/yyyy):		Gender:		Mother's DOB (mddd):	
Emergency Contact:			Emergency Phone:		
Doctor:			Doctor Phone:		
Medical Condition(s):					

**PROGRAM**

Club:					
Program:		Division:		Age Group:	

**FAMILY INFORMATION**

**Primary Guardian:**

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

**Other Guardian:**      *Address same as above*

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

*This form is intended for player registration purposes only.  
Please supplement with a signed copy of the WYSA Release of Liability and Consent for Medical Treatments forms.*



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