



Player's last name _____ Player's first name _____		Office Use Only	
Address _____ City _____ ST _____ ZIP _____		Initials _____	
Phone _____ M or F _____	Birthdate (MM/DD/YY) ____/____/____	SCH _____ <input type="checkbox"/>	
Age as of 7/31/(20) _____ School _____ Grade _____		Payment Information	
Referee YES <input type="checkbox"/> Interested <input type="checkbox"/>		1st Child \$45 _____	
Family E-Mail _____ Allergies/Conditions _____		2nd Child \$40 _____	
Father/Guardian Name _____ Phone _____		3rd Child \$35 _____	
Mother/Guardian Name _____ Phone _____		4th Child FREE _____	
Willing to Coach (Name) _____		(same family/household)	
Willing to Team Parent (Name) _____		U4 Players \$25 _____	
If you are volunteering to Coach or Team Parent which child/(team) would you like to Coach/Team Parent for? _____		Trav. Uniform \$55 _____	
Other Children in MAYS Soccer		Late Fee \$20 _____	
Name _____ Birthdate _____			
Name _____ Birthdate _____			
Name _____ Birthdate _____			
T-Shirt Uniform Order Information:		(after 2/19)	
U4-U10 (circle desired size) cost included in soccer fee		Total Due _____	
T-Shirt [YOUTH - SM MED LG XLG] or [ADULT - SM MED LG XLG]		Total Paid _____	
_____		Check # _____ Cash <input type="checkbox"/>	
Uniform Order Information 11 years old and above		No Late Registrations after	
Traveling Teams (circle size) Order large to last several years		March 1st	
Cost is an additional \$55 (subject to vendor pricing)		Mail To:	
Shirt size [YOUTH - SM MED LG] or [ADULT - SM MED LG XLG]		Mauston Area Youth Soccer	
Short size [YOUTH - SM MED LG] or [ADULT - SM MED LG XLG]		P.O. Box 314	
		Mauston, WI 53948	

This release shall remain in effect for the duration of the current soccer season and shall be interpreted under Wisconsin law.

The undersigned parent or legal guardian of _____, the "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent serious injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile or other means of transportation may be necessary and such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the Mauston Area Youth Soccer (MAYS), and the national, state, and local associations with which it is affiliated, accepting the Registrant in their soccer programs, and pursuant to the recreation assumption of the risk statute, sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnity MAYS and the associations with which it is affiliated, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action, by or on behalf of the Registrant and his or her parents or legal guardians except to the extent and such claims and causes of action, by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of MAYS and the associations with which it is affiliated or their member soccer clubs. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

The Consent for Medical Treatment is in effect for the duration of the current soccer season.

With full knowledge of the risks of injury in the game of soccer, I hereby authorize, the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities. All coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs; all MAYS officers, directors or other league, district or association officials; and all directors, officers, sponsors, officials or agents of any league or tournament that my child my participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact MAYS to discuss questions I had about the above release and consent. A have ALSO read the code of conduct on the back of my copy of this registration.

Signature of parent or legal guardian _____ Date _____

**I have read and agree to the attached player's Code of Conduct. Player's Signature _____