Player Registration Form
2015/2016

Player

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Date of Birth: _____ Country of Birth: _____ U.S. Citizen: ☐ Yes ☐ No

Team

Club: _____ Team Name: _____

Division:

☐ Majors	☐ U20	☐ O30
☐ First Division	☐ U23	☐ O40
☐ Second Division	☐ WPL	☐ Recreational

Release of Liability

Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Soccer Leagues (WSL), US Adult Soccer Association and members of US Adult Soccer accepting myself as a participant in the soccer programs and activities of WSL, US Adult Soccer and its members (the "Programs"), I consent to participate in the Programs. Further, I release, discharge, and otherwise indemnify WSL, US Adult 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 me as a result of my participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

I have received a physical examination by a physician and have 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 me with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

_____ _____

Player Signature Date

_____ _____

Manager Signature Date

Wisconsin Soccer Leagues
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