



# HOVSA Soccer Registration

| Age Group        | Fee  | After 01/01 |
|------------------|------|-------------|
| Rec U4/U6        | \$40 | \$40        |
| Rec U8/U10       | \$65 | \$85        |
| Rec U12 & up     | \$80 | \$100       |
| Classic U11 & up | \$90 | \$110       |
| Adult League     | \$70 |             |

**Mail Registration Form & Payment to:** HOVSA, PO Box 102, Little Chute WI 54140

**Player Name (Last, First, MI):** \_\_\_\_\_

**Email Address (Regularly Checked):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City/Village of:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Gender:** M or F **Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Father's Name :** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**\*\*Volunteer – Each family must select one group:**

**Coaching** \_\_\_\_ **Concessions** \_\_\_\_ **Administrative/Board** \_\_\_\_ **Equipment** \_\_\_\_



### Emergency Medical Information

**Doctor's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**List Medical Conditions and/or Allergies:** \_\_\_\_\_

**Emergency Contact (other than Parent):** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

### Release of Liability

The undersigned parent or legal guardian of (**player's full name**) \_\_\_\_\_, the "Registrant" recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, or practice or scrimmage. The undersigned parent or legal guardian of the Registrant recognized that the types of injuries and harm mentioned in the preceding sentence is this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but limited to: head injuries suffered by players impacting each other, goalposts or the ground, players getting hit by motor vehicles in the parking lots or roads near the fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like, lightening; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicles or other means of transportation may be necessary and that such travel carries with it inherent risk of injury. With full knowledge of the above referenced risks, and in consideration of the US Soccer Federation (USSF), US Youth Soccer Association (USYSA), and the WI Youth Soccer Association (WYSA) and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec 895.525, WI 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 indemnify the USSF, USYSA, and WYSA, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and offers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parent(s) or legal guardian(s). This release includes transportation to and from soccer games and tournaments, which I hereby authorize. If you have any questions regarding any of the provisions of this Release or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact the WYSA's Executive Director. Please note that the Registrant shall not be permitted to participate in any WYSA sponsored program or game unless and until this form is signed and returned to an authorized WYSA representative or other satisfactory arrangements are made with regard to the subject matter of this Release in writing signed by both you and WYSA's Executive Director. This Release shall remain in effect from the date it is signed below through to August 1, of the following year, the start of the next year's soccer season, and shall be interpreted under WI Law.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_