

WALES SOCCER

(in affiliation with the WYSA)

2017 Fall/2018 Spring Registration

GENERAL REGISTRATION:

NEW-ONLINE registration available early May!
OR Now through June 17 in person at:
 Wales Village Hall
 129 W Main Street
 Wales, WI 53183

COMPLETE REGISTRATION REQUIREMENTS:

- This Form Completed and Returned
- Wisconsin Youth Soccer Association Membership Form
- Acknowledgement that you have read and will adhere to the WYSA [Zero Tolerance](#) Policy - initial here: _____
- check payable to: VILLAGE OF WALES**

REGISTRATION: Registration deadline - June 17th, 2017. *\$20 Late Fee after deadline.* **ONLINE registration will be available early May.** Registration forms may also be mailed or dropped off at the Village Hall in person between 8:00 a.m. and 3:00 p.m. weekdays, or in the Village Hall night depository. For further information email to walesoccerregistrar@gmail.com.

Year of Birth:

RESIDENT

NON-RESIDENT

Based on where real estate taxes are paid

2013 to 2012

\$ 85.00

\$ 100.00

***NO REFUNDS** after teams have been formed.

2011 to 2003

\$ 105.00

\$ 130.00

PLAYER'S NAME _____ D.O.B. ____/____/____

PARENT EMAIL _____ GRADE(2017/2018) _____

SELECT UNIFORM SIZE: <u>No Exchanges</u> Sample jersey sizes are available at the Village Hall.		VOLUNTEERS NEEDED
JERSEY: <i>Circle one</i> <i>Sizes run small</i>	SHORTS: <i>Circle one</i> <i>Sizes run small</i>	NO experience necessary. Clinics and support are available.
Y/S (6/8) Y/M (10/12) Y/L (14/16) A/S A/M A/L	Y/S (6/8) Y/M (10/12) Y/L (14/16) A/S A/M A/L	___ Head Coach ___ Assistant Coach ___ Administration ___ Registrar ___ Coaching Director ___ Scheduler ___ Equipment Manager

VILLAGE OF WALES FULL RELEASE AND WAIVER

The undersigned, parents of _____, who is under 18 years of age being born on _____ and is a participant in an activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales. Any such activity sponsored by the Village or a group to whom permission has been granted by the Village Board takes place upon the express condition that the Village be RELEASED from all claims or causes of action for personal injury, property damage of wrongful death arising out of or in any way related to the participation in any of the above described activities. In consideration of the granting of such permission by the Village Board, the undersigned does hereby forever RELEASE the Village of Wales and any of its officers or employees from any and all liability for property damage, personal injury or wrongful death arising out of or in any way related to any activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales and/or sponsored by the Village or any group with permission of the Village Board. THIS IS A FULL RELEASE AND WAIVER OF ALL CLAIMS WHICH THE UNDERSIGNED MAY POSE AT ANY TIME AS A RESULT OF PARTICIPATION IN ANY OF THE ABOVE DESCRIBED ACTIVITIES.

Signature of Parent or Legal Guardian _____ Date _____

Official Use Only: Payment: cash / check # _____ Date Received _____ Complete Registration _____



WISCONSIN YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM 2017-2018 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: _____ 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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature: _____ Date: _____</p> <p>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: _____</p>



ZERO TOLERANCE POLICY

WYSA has created the Zero Tolerance Policy in an effort to decrease the abuse of referees. The purpose of this policy is to make clear that verbal abuse or negative criticism of referees is as unacceptable as verbal abuse or negative criticism of players.

This policy adopts basic standard sanctions for improper conduct. This policy is not intended to imply that referees are always “right” and the spectator or coach is always “wrong”. Just as players make mistakes during play and coaches may err in strategy or methodology, referees will make mistakes in officiating, particularly in the younger divisions where they are learning how to referee. Due to a persistent shortage of referees, a referee may be officiating at a higher level game than they are comfortable with. They must receive positive support from coaches and spectators to continue to grow as an official.

A coach or spectator may only communicate in a positive way with a referee. The coach is responsible for ensuring all spectators associated with his/her team follow these guidelines relating to communication with a referee; especially a referee. A coach/spectator may not express any disagreement or dissatisfaction with the officiating to the youth referee. A coach/spectator may not, before, during, or after a game, discuss with a referee their critique of the referee’s performance, other than to thank and compliment the referee.

If a coach, player or fan is harassing a referee, the referee has the right to take the following measures to cease harassment:

1. Go to the offending team’s coach and ask them to control themselves or their personnel.
2. If the problem persists after the above measure is taken, the referee may go back to the coach and ask the offending party to remove themselves from the game.
3. If the problem persists after the above measures are taken, the referee may stop the game and the outcome of the game will be determined by the competition authority.

Please note, coaches, players and /or parents/spectators are highly discouraged from approaching or confronting referees at halftime or after the match for any reason other than retrieving player pass cards or saying ‘thank you’ and/or shaking hands.

Any concerns or feedback regarding referees must be submitted in writing to the Administrator of that Competition. Concerns related to referee performance or behavior will only be accepted from a Club Official (i.e. board member), Director of Coaching or the team’s coach. The claim must provide details specific to the complaint and cite examples where referee performance or behavior was inadequate or improper. The Competition Administrator will engage the appropriate parties in investigating and taking disciplinary action. (In cases of egregious referee abuse (e.g., physical confrontation), information will immediately be forwarded to the WYSA Executive Director for investigation and discipline decisions.)

Approved 11/14/15
WYSA Board of Directors