



Everton

New London

Classic Player
2011-12 Registration Form
Wisconsin Youth Soccer Association
Everton FC of WI - New London
1413 Parkview Dr. New London, WI 54961

www.evertonfcwi.com

___ New Player ___ New Address

Last Name _____ First Name _____ M.I. _____ Circle: M F
Address _____ City _____ WI Zip _____
Phone (____) _____ E-mail _____ Birth Date _____

Email address if VERY important, please include if you have email.

Fill in parent address/phone only if different from above/ Fill in employment information.

Father's Name _____
Address _____
City _____ WI Zip _____
Home Phone (____) _____
Employer _____
Work Phone (____) _____

Mother's Name _____
Address _____
City _____ WI Zip _____
Home Phone (____) _____
Employer _____
Work Phone (____) _____
Mother's Date of Birth Month(____)Day (____)

Age Level trying out for: **U-**____ if trying out for more than one age list other age **U-**____

Preferred Position(s) - ___Forward
___Midfielder ___Defender ___GK ___No preference

Current Team _____
Current Coach _____

Players will be contacted soon after try-outs and it is essential that you can be reached to be accepted on a team. Please list a contact. **Include phone, e-mail, or other contact if you will be out of the area.**

Medical Information: Must be completed to be able to play;

Medical Problems/concerns _____

Doctor _____
Phone _____

Insurance & Number _____

Additional emergency Contact _____

Phone _____

U ___ Girls / Coed

For Office Use Only
___ \$15 Try-Out
___ \$150 Registration Fee
___ \$15 Early Bird Discount if all fees paid at Tryouts

*Uniform is additional & approximately \$75-85

Consent of Medical Treatment Minor/ Liability Waiver: Must be signed to be able to play;

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for the soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the program, against my claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian: _____ Date _____

TRYOUT FEE IS NON-REFUNDABLE.

PLAYER FEE IS NON-REFUNDABLE ONCE YOU ACCEPT YOUR TEAM.

