



KASL Registration Form

Part 1 Required for Recreational



Players Information

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Age: _____ Gender: _____

Which guardian does player live with? _____

Doctors Name: _____

Doctors Phone: _____

Medical Issues: _____

Medical Issues: _____

Medical Issues: _____

Emergency Contact: _____

Contacts Number: _____

Contacts Relation: _____

Approval and Medical Release

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.

My player 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.

Signature: _____

Mother/Female Guardian Information

First Name: _____

Last Name: _____

Relationship: _____

Date of Birth: _____

Address: _____

City/Zip: _____

Email: _____

Home #: _____

Cell #: _____

Father/Male Guardian Information

First Name: _____

Last Name: _____

Relationship: _____

Date of Birth: _____

Address: _____

City/Zip: _____

Email: _____

Home #: _____

Cell #: _____

Office use

Fee Due: _____ Paid: _____

Check #: _____ Cash Receipt: _____

Discount Cards Received: _____

Illinois Release Provided: _____

Birth Certificate Verified: _____

Proof of Food Stamps: _____



Recreational Registration Form Part 2

Please Print Information & Staple to Registration Form Part 1



Players Name: _____ (needed incase forms become separated)

What are you signing up for:

Full season (both Fall and Spring)? _____ Fall Only: _____ Spring Only: _____

Returning player portion only:

Current Team & Age Division: _____

Do you wish to remain on the team? _____

If no and are a female player in coed, do you wish to move to an all girls team _____

If no, do you have a friend request? _____

Remember, friend request only work if there is an opening on that team (unless you both want a new team)

If no, are you trying to get closer to an address (Mother or Father)? _____

If your coach moves up but you are a younger age, do you wish to move up or stay age appropriate? _____

New player portion only:

Do you wish to play coed or all girls? _____

Do you have a friend request? _____

Remember, friend request only work if there is an opening on that team (unless you both want a new team)

Whose address are you trying to get closest to (Mother or Father)? _____

Coaching: KASL can only get your team registered when a volunteer coach is found

Are you currently the coach? _____ Do you wish to continue? _____

Do you have you coaches ID? _____ If yes, is it up to date? _____ (check your ID)

Check you ID, if it is expiring and you continue to coach, you must renew you coaching pass.

Are you interested in Coaching your son/daughters team or a team without a coach? _____

If you wish to coach and your child currently has a coach, do you wish to switch teams and coach? _____

KASL will use as many coaches as spots are available

Volunteer:

Would you like to volunteer for KASL during needed times (we email when help is needed)? _____

Family Discount:

Which player is paying the full fee? _____

Which player/s are receiving he reduced fee? _____

Remember, the family discount applies to players with the same parent/s or players living within the same household under the care of the same guardian/s.

Checks payable to: KASL

Mailing Address: 2406 14th Street Kenosha, WI. 53140

KASL Website: www.kenoshasoccer.com

KASL United FC Website: www.unitedfcwi.com

KASL Email: kasl@kenoshasoccer.com

United FC Email: unitedfc@kenoshasoccer.com