



WICHITA REGIONAL
SOCCER ASSOCIATION

WRSA Youth Player Membership Form

Team Information

Team Name _____
(Team name should be written as want shown in schedules. Example: Club name Team Name Year)

Age Group: (Year/Division) _____ Male/Female (circle one)

Player Information

Name _____ Date of Birth _____
(First, Middle Initial, Last) (mm/dd/yyyy)

Address _____ Male/Female (circle one)

City _____ State _____ Zip _____

Player Status: Primary _____ or Secondary (name Primary team) _____
If Secondary, do you have permission from Primary head coach? If so, need Multiple Roster or email from both head coaches and parent showing consent.

Parent/Guardian Information

Father's Name _____

Phone Number () _____ Email Address _____

Mother's Name _____

Phone Number () _____ Email Address _____
(if different from above)

I, the parent/guardian of the above player, a minor, agree that I and the player will abide by the rules of the US Youth, KSYSA, Stryker Sports Complex, WRSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury association with soccer and in consideration for the US Youth accepting the player for its soccer programs and activities (the Programs), I hereby release, discharge, and/or otherwise indemnify the US Youth, its affiliated organizations and facilities used for the Programs, against any claims, liabilities, damages or causes of actions 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.

I further grant the US Youth parties mentioned above permission to use photos and/or likeness, video or other digital or printed media of myself and my child in any and all of its publications for use as related to the player's status as a participant of the Programs.

Parent Signature

Player Signature (only required if 18 yrs or older)

Date: _____