



PAPER VALLEY YOUTH SOCCER CLUB MEMBERSHIP

US Youth Soccer and Wisconsin Youth Soccer Association

REGISTER PARTICIPANT

First Name:		Middle Name:		Last Name:	
DOB (mm/dd/yyyy):		Gender:		Mother's DOB (mmd):	
Emergency Contact:			Emergency Phone:		
Doctor:			Doctor Phone:		
Medical Condition(s):					

PROGRAM

Club:					
Program:		Division:		Age Group:	

FAMILY INFORMATION

Primary Guardian:

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

Other Guardian: *Address same as above*

First Name:		Last Name:		Relationship:	
Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					

PARENTAL SUPPORT – We ask for participation of all parents in our program. Check area(s) in which you are willing to help:

Use an "M" for mother or "F" for Father

- | | | |
|-----------------------|-----------------------------|-------------------------------------------------|
| ___ Coach – returning | ___ Asst. Coach – returning | ___ Field Maintenance |
| ___ Coach – new | ___ Asst. Coach – new | ___ Flat Grass Tournament |
| ___ Sponsor (\$200) | ___ Soccer Weekend | ___ \$25 volunteer buyout (\$50 max per family) |

Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian (Please print)

For Official Use Only

Registration Fee \$ _____	Date Received _____
Buyout Fee \$ _____	Check Number _____
Total \$ _____	Received By _____