



**2007 Travel Player Registration**  
**White Bear Soccer Club**  
**P.O. Box 10832, White Bear Lake, MN 55110**

Age Level \_\_\_\_\_  
 B/G

**Required player information, please fill in all spaces, sign and date. VERIFY ALL INFO AS CORRECT!**

I/We have received and reviewed the **PLAYER/ADULT PROTECTION GUIDELINES**. I/We understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization.

**Signature X** \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian or Player Month Day Year

Player Name \_\_\_\_\_  
 First Initial Last

Street \_\_\_\_\_  
 Address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
 Area Code Phone MM/DD/YY M/F

Playing Experience (Years): Summer? \_\_\_\_ Fall? \_\_\_\_ Indoor? \_\_\_\_ Play Up Requested?   
 Need to Fill out Roster-Up Form

Primary position goalkeeper?  Secondary position goalkeeper?

**Parent Information.**

Father's Name \_\_\_\_\_  
 First Last

Father's Phone \_\_\_\_\_  
 Work Phone (Area code Number) Cell Phone (Area code Number)

Mother's Name \_\_\_\_\_  
 First Last

Mother's Phone \_\_\_\_\_  
 Work Phone (Area code Number) Cell Phone (Area code Number)

I am willing to volunteer as: Name(s) \_\_\_\_\_

Coach  Assistant coach  Team Manager  Team Parent  Other \_\_\_\_\_

Coaching License(s): E D C Other \_\_\_\_\_

**EMAIL Address** \_\_\_\_\_

**CLUB USE ONLY**

- Birth Certificate Verified?  Release Signed?  Player Protection Signed?
- Play Up Request Attached?  Early Registration? Amount paid: \_\_\_\_\_

**Fees: Summer U9-19 - \$130 Fall - U9/10/11/12/13/14 - \$55**  
**U18-19 Tournament Only - \$25**

**Remember to purchase your uniform if you do not have one already or need a replacement.**



**Minnesota Youth Soccer Association  
Emergency Information and Consent Form  
White Bear Soccer Club 2007  
Summer and Fall Seasons/Tryouts**

*(Print all entries except Signatures)*

Registrant's Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Note: Adults and high school graduate players over age 18 who are not claimed as dependents by their parents may sign this form for themselves.

**Parent/Guardian Agreement**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will be able to abide by the rules of the USYSA and MYSA, its affiliated organizations and sponsors. I, the parent/guardian of the registrant, a minor, agree and understand that once this registration form is submitted, and accepted to WBSC, **(1) grant WBSC the right to use and publish pictures containing the registrant, (2) agree to not sue WBSC or any WBSC board member, (3) understand the Player and Adult Protection Guidelines, and (4) that the registrant is to play for WBSC, and no other soccer club for the registered soccer season as per MYSA guidelines.** Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_

**EMERGENCY INFORMATION**

Who should be notified?	Street Address	Home Phone
Alternate who can be notified?	Street Address	Home Phone
Physician/HMO/Clinic Name	Street Address	Work Phone
Medical Insurer		Medical Policy Number
Dentist Name		Work Phone
Dental Insurer		Dental Policy Number

List any medical problems, limitations, or prohibitions the player may have

**CONSENT FOR MEDICAL TREATMENT**

As the parent/legal guardian of a participant in USYSA/MYSA programs, 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.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

***No jewelry on the playing field!***