



WEST LAWN SOCCER CLUB



Player Registration Requirements for Y2020-2021

Player Name - _____

Player Age Division:

- 2014/15 (7U)
 2013 (8U)
 2012 (9U)
 2010/11 (11U)
 2008/09 (13U)
 2005/06 (16U)

Birth Year - _____ MALE FEMALE

Returning to WLSC	New to WLSC	
Yes	Yes	Medical Consent/Wavier of Liability Form <ul style="list-style-type: none"> NISL COVID-19 - Waiver US Club Soccer – Medical Authorization & Waiver IYS – Medical Release & Wavier Must complete, sign, and submit all three above forms
Yes	Yes	Copy of WLSC Player-Parent Handbook Agreement
Yes	Yes	Sign and submit WLSC Registration Financial Agreement <ul style="list-style-type: none"> Club Fee amount – see Fee Chart
No	Yes	A copy of one of the following documents; Birth Certificate, passport, or State ID
Every 3rd year	Yes	Birth Years: All Email photos to westlawnsoccer@gmail.com <ul style="list-style-type: none"> No hats or sunglasses Players shoulder and up Must be a color photo Send the picture in .jpg file size less than 100 KB Email Subject - Players full name/birth year/team Player Club – Academy or Travel

All paperwork must be completed yearly
DEADLINE for 2020-21 Annual Soccer Season paperwork – July 13, 2020
DEADLINE for 2020-21 Winter Soccer Season paperwork – November 10, 2020
DEADLINE for 2021 Spring Season paperwork – March 12, 2019



2020-2021 Season – Registration Financial Agreement

Payment Policy

- Club registration fees and payments are due based on the club fee structure and fee schedule. Parents of teams that participate in “additional” programs/events and tournaments may be required to pay additional fees to cover the costs associated with training for those events.
- Payment of uniform/kit fees must be paid at the time of ordering.
- All payments and invoice questions are to be submitted to WLSC Treasurer Mr. Martin Mora at wlscmora@gmail.com.

Refund Policy

- A commitment to play for WLSC, as a Travel or Training player, is for the entire soccer year from August 1st to July 31st. Any alternative commitment arrangements (e.g. – playing only for fall or spring season) must be discussed with the WLSC management and agreed to in advance.
- **No refunds, partial or full, will be issued for any Travel, or Training player who chooses to not participate for any reason at any point after the commitment is made or who is suspended or removed from WLSC.**
- The WLSC management, at their sole discretion, may choose to issue a refund or credit in situations involving season ending injuries, relocations more than forty-five (45) miles, or other circumstances as deemed appropriate. Refund requests must be submitted in writing to the WLSC Manager at westlawnsoccer@gmail.com and must include appropriate documentation, such as doctor written medical absence or proof of relocation. **Under no circumstances will the initial commitment fee for Travel or Training players be refunded.**

Player Release/Transfer

- In accordance with US Club Soccer, IYSA and NISL, Players completing a player registration are bound to that team for the entire seasonal year unless he/she requests a release. A request for a release must be submitted to the club stating the reason for the release. The club then submits the release to the IYSA or NISL.
- It is the policy of US Club Soccer, Illinois Youth Soccer Association (IYSA) and Northern Illinois Soccer League (NISL) that all travel players registered with US Club Soccer, IYSA or NISL are responsible for making payments required in writing by their clubs. Accordingly, US Club Soccer, IYSA, and NISL will not process a transfer of a player from one club to another during the seasonal year if that player is not current on his or her financial obligations, provided that (1) the financial obligation is set forth in writing and acknowledged by the player’s family, and (2) the obligation is for the current seasonal year.
- If a player fails to meet his or her financial obligations pursuant to a written obligation, a club or team may involuntarily release the player at any time during the seasonal year, provided that the team has followed the process in accordance with US Club Soccer, IYSA, and NISL Travel Team registration rules and procedures.
- Should a player quit or leave their team to join another club or team after any payments are made, there will be no refunds. Failure to make club annual fee payments when due may result in the player’s inability to be issued a player card for the subsequent season until all annual fee payments have been made.
- The Player understands that WLSC will incur aforementioned expenses if the player leaves WLSC before the end of the season. The player understands that player’s membership is being accepted with the understanding that the player will be responsible for the entire registration fee even if player leaves WLSC before the end of the season and player will not be allowed to register with another club or play in any US Club Soccer, IYSL, or NISL event until all obligations to WLSC have been satisfied.
 - **Should a player quit or leave their team to join another club after practices have begun, there will be no refunds and an administrative fee of \$200 will be charged to release the player. The player will not be released from the club until the fee is paid. Also, the player will not be allowed to join any other teams at NISL, YSSL, or IWSL.**





YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: West Lawn Soccer Club **City:** Chicago **State:** IL

League Name: Northern Illinois Soccer League

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature **Date** **Parent/Guardian Signature** **Date**

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ **Birth Date:** _____ **Gender:** Female Male

Street Address: _____ **City:** _____

State: _____ **Zip :** _____ **Email Address:** _____

Parent Name: _____ **Home Phone:** () _____ **Bus Phone:** () _____

Email Address: _____ **Cell Phone:** () _____ **Receive texts?** Yes No

Parent Name: _____ **Home Phone:** () _____ **Bus Phone:** () _____

Email Address: _____ **Cell Phone:** () _____ **Receive texts?** Yes No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ **Phone 1:** () _____ **Phone 2:** () _____

Name: _____ **Phone 1:** () _____ **Phone 2:** () _____

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____ **Phone 1:** () _____ **Phone 2:** () _____

Medical/Hospital Insurance Company: _____ **Phone:** () _____

Policy Holder's Name: _____ **Policy Number:** _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ **Date:** _____ **Relation to player:** Father Mother Guardian



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.