

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 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 • 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 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



WEST LAWN SOCCER CLUB



2020-2021 Season – Registration Financial Agreement

Player Inform <mark>at</mark> ion: □ NEW PLAYER □ RETURNING PLAYER □ MALE □ FEMALE				2020-2021 Seasonal <mark>Ye</mark> ar □ Travel □ Training <mark>On</mark> ly		
Player Age Division: □ 2014/15 (7U)	□ 2013 (8U)	□ 2012 (9U) □ 2010/1:	1 (11U) □ 20	08/09 (13U) □ 2005/06 (16U)		
Player First Name	Player MI	Player Last Name		Player DOB (MM/DD/YYYY)		
Street Address		City	State	Zip Code		
Parent/Guardian #1 Name		Best Contact Phone	No.	Email		
Parent/Guardian #1 Name	rent/Guardian #1 Name		No.	Email		
WLSC Soccer Programs (select all prog ☐ Fall Season (July 1 st to Novemb ☐ Spring Season (March 1 st to Ma	er 15 th)	vill be committed to): ☐ Winter Indoor Seas ☐ Training Camp	on (Novembe	r 1 st to March 14 th)		
ACKNOWLEDGEMENT AND AGE	REEMENT					
	ar runs from J	uly 1st to May 16th). We re	ecognize that	el player of the Club through the end of success of the individual players and of practices, games, and tournaments.		
We agree to submit required paperwo the player from the Club.	ork and paymo	ents when due and under	stand that fail	ure to do so may result in dismissal of		
This agreement must be signed once e will not be complete and the player wi				d to WLSC Manager. Player registration all forms and payment.		
guidelines set forth in the WLSC Play accept actions taken by the WLSC to e that we also need to comply with th Soccer, Illinois Youth Soccer Assoc	er/Parent Han enforce the co e rules, regul iation, North y lead to van	ndbook Agreement and G ntract. By signing this co ations and policies of th ern Illinois Soccer Leag	eneral Inform ontract, we, the e United Stat gue and WLS	tes and financial obligations, rules and lation & Club Fees. We also consent to the player and parent, accept the fact es Youth Soccer Association, US Club C. Failure to abide and follow these but not limited to the forfeiture of		
Registration Payment Amour	nt: \$	□ Cash □ Check No.	:	_		
Parent's/Guardian's Signatur	re	Date				
Parent's/Guardian's Name [p	rint]	Date				
	WLSC	ADMINSTRATION USE	E ONLY			
Form Received by: Martin Mora				e Paid:		

WEST LAWN

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.





NISL COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE (Northern Illinois Soccer League), its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Λ				
Participant's Signature		Age	Date	_
FOR PARENTS/GUARDIANS OF	F PARTICIPANT O	F MINOR AGE (UNDE	R AGE 18 AT TIME	OF REGISTRATION)
This is to certify that I, as parent/gu as provided above of all the Relea	uardian with legal re	sponsibility for this parti	cipant, do consent a	and agree to his/her release
and hold harmless the Releasees programs as provided above, EV	from any and all lia	bility incidents to my mi	nor child's involvem	ent or participation in these
permitted by law.	LIVII ARGOING II	COM THE NEGLIGENC	DE OF THE RELEA	SEEG, to the funest extent
X				
Parent/Guardian Signature	Date	Emergency Pho	ne Number(s)	



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 Northern Illinois Soccer League League Name: 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.] Date Player's Signature Parent/Guardian Signature Date PLAYER'S MEDICAL INFORMATION Player's Name: Birth Date: Gender: Female Male Street Address: City: Email Address: State: Zip: Parent Name: Home Phone: Bus Phone: Email Address: Cell Phone: Receive texts?]Yes □No Home Phone: Parent Name: Bus Phone: Email Address: Cell Phone: Receive texts? ☐Yes ☐No In an emergency when parent/guardian cannot be reached, please contact the following: Phone 2: Name: Phone 1: Phone 2: Phone 1: Name: Please list player allergies: Please list other medical conditions: Phone 1: Phone 2: Physician: 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. **Date:** _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian Signature:



Emergency Medical Release & Liability Waiver

Participant's Name		Birthdate			
Street Address	City			Zip	
EM	ERGENCY INFOR	MATION			
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	e reached or is no	ot applicable, p	lease contact the fo	ollowing:	
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 MEDICALTREAREFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMED In the undersigned participant and parent/guardian of the above each participant will be engaging in activities that involve risk losses which might result not only from their own actions, independent of the premises or of any equipment used and furth all the foregoing risk and accept personal responsibility for the covenants to indemnify and not to sue Illinois Youth Soccer associated personnel including those of its affiliated organizate hereinafter referred to as 'releasees', from any and all liability by or on behalf of the applicant as a result of the applica participation, after careful consideration I hereby authorize, physical examination by a physician and has been found plathletic trainer, coach and/or doctor of medicine or dentistry of treatment and agree to be financially responsible for the coindemnify each and all parties herein referred to above as damage to property, which may be imposed upon said release caused in whole or in part by the negligence of the release substantial rights by signing this release and sign below volunternation without the express written consent from the Illing (revised 5/15/14)	ent For Injury will be listed minor (if particular of serious injury, inclustant of serious injury, inclustant of serious injury, inclustant of serious injury, inclustant of serious and the owners of the undersund which transportant of such assistance of such assistance releasees from all lidices. I have read the undersundant. I understant ois Youth Soccer Associated Minimum ois Youth So	LEBE BASED ON I ipant is under the a ding permanent disput action, inaction ther unknown risks uch injury, permaners, officers, employ and lessors of preriigned, his/her heirs e Programs and/or tion I hereby authoriticipating in the Pel to provide the appeand/or treatment. bility, loss, cost, cefect in or lack of signature in the period of the period	age of 18) acknowledge sability or death, and sev or negligence of others or negligence of others or net reasonably foresees ent disability or death, he yees, coaches, manager mises used to conduct the sor next of kin for any arbeing transported to corize. The applicant/participant with manager of the participant with manager of the participant of the participant to be remarked.	DED HEREIN. and fully understand that vere social and economic, the rules of play, or the able at this time, assume ereby release, discharge, rs, agents, sponsors and ne event, all of which are and all against any claim or from the same, which articipant has received a my consent to have an nedical assistance and/or and hold harmless and vever, including death or r caused or alleged to be at (I) we have given up any manner and that any noved from the Program.	
Parents/Guardians Signature(Parents/Guardians' Signature	e is required if participa	nt is under the age	of 18)		
Participant's Signature (Participant's Signature is requi	ired)		Date		

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