



U8 Spring Soccer 2017

Join us for two spring sessions for children in 1st and 2nd grades!

DRIFTLESS UNITED FUTBOL

U8 Futsal Session

Saturday mornings, 9-10:30, March 4 to April 8,
Indoors at Pleasant Ridge Waldorf School

U8 Soccer Session

Weeks of April 24 - May 29
During the week after school T, W or Th 4-5:30
Location: TBD (outdoor field in Viroqua)

REGISTRATION FORM *Complete one form per player*

We are still in the process of building our new soccer field and are looking to raise additional funds to meet our expenses. Donations of any amount are greatly appreciated. If you'd like to donate, please check one of the boxes below and include your donation amount into the total. Thank you for your support! \$20 \$50 \$100 \$_____

REGISTRATION DEADLINE: Futsal Session-FEE: \$30 Registration deadline is February 23

Soccer Session-FEE: \$30 Registration deadline is April 14

Player Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate ____/____/____ Male Female Grade _____ Years Played _____

Email _____

Child lives with both parents Mother Father Other _____

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

In the unlikely event of an emergency, who would you like us to call?

1st Emergency Contact: Name _____ Phone _____ Relation _____

2nd Emergency Contact: Name _____ Phone _____ Relation _____

Health Issues (asthma, history concussion, etc.) _____

DUA U8 SPRING SOCCER REGISTRATION FEE (check appropriate boxes)

\$30 Futsal Session: registration fee by February 23

\$30 Soccer Session: registration fee by April 14

Total: _____

Mail form and check payable to Driftless United Athletics (DUA) by February 23 for Futral and April 14 for Soccer

to: **Mail registrations to Mike Moon, 504 S. Rusk St., Viroqua, WI 54665. Any questions? Contact Mike at mike.john.moon@gmail.com**

MEDICAL TREATMENT AND LIABILITY RELEASE (MINOR)

I, the parent/guardian, certify that the registrant, a minor, is physically able to participate in soccer and agree that the registrant and I will abide by all the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer program and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and practices and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care as prescribed by a duly licensed Athletic Trainer, Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent. I further agree that, pursuant to Wisconsin statute, if it appears that my child may have sustained a concussion or head injury, he or she will be removed from the activity until such time as a medical professional has examined him/her and provided a written clearance specifically approving a return to soccer and physical activities.

Parent/Guardian Name: _____ Date _____

Signature: _____