

MILWAUKEE KICKERS SOCCER CLUB

KICKER PLAYER REGISTRATION 2026-2027

PLEASE PRINT ALL THE INFORMATION WHEN FILLING OUT REGISTRATION

Last Name _____

First Name _____ Sex _____
 Check here for new address.

Street Address _____

Zip _____ City _____

Telephone _____ Birth Date _____
Area Code

School _____ Grade (Sept.) _____

Ethnic Background _____

Medical Problems _____ Years Played Soccer _____

Parent Comments _____

Check here if there are siblings registered to play.

MILWAUKEE KICKERS SOCCER CLUB, INC.		
Player Placement Area:		Kickers
		Fee
Birthdates		
U6 (K4 & K5)	1/1/2020-12/31/2021	\$130
U7 (K5 & 1)	1/1/2019-12/31/2020	\$150
U8 (1 & 2)	1/1/2018-12/31/2019	\$150
U9 (2 & 3)	1/1/2017-12/31/2018	\$200
U10 (3 & 4)	1/1/2016-12/31/2017	\$200
U11 (4 & 5)	1/1/2015-12/31/2016	\$225
U12 (5 & 6)	1/1/2014-12/31/2014	\$225
U13 (6 & 7)	1/1/2013-12/31/2015	\$225
U14 (7 & 8)	1/1/2012-12/31/2013	\$225
U15 (8 & 9)	1/1/2011- 2/31/20112	\$150
U16 (9 & 10)	1/1/2010 -12/31/2011	\$150
U17 (10 & 11)	1/1/2009-12/31/2010	\$150
U18 (11 & 12)	1/1/2008-12/31/2009	\$150
U19 (12 & Up)	1/1/2007-12/31/2008	\$150

Request Girls only team.

***Also includes paid referee fees for league games U9-U14 and assistant referees fees for U11-U14 select games.**

Father's (or Guardian's) Name _____

Father's Type of Work _____

Mother's (or Guardian's) Name _____

Mother's Type of Work _____

Father's Place of Employment _____

Father's Business Area Code + Phone _____

Mother's Place of Work _____

Mother's Business Area Code + Phone _____

Parent's E-mail (Req'd) _____

Medical Information:

1) Allergies: _____

2) Medical Insurance

a) Name _____

b) Policy # _____

c) Group # _____

d) Policy Holder _____

ALL FEES INCLUDE: Individual uniform*, team ball, team medical bag, individual USYSA/WYSA registration, secondary medical insurance, continuing education clinics for team coach, player clinics, indoor league priority placement at Uihlein Soccer Park, and free U7-U10 Kicknic.
** Not included for select players or U15 and above players.*

RELEASE AND WAIVER
 I, the parent/guardian of the registrant, a minor, agree that I the participant will abide by the rules of the USYSA, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, (collectively, the "Released Parties"), against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I understand that participation in soccer involves the risk of serious injury, including permanent disability and death, and severe social and economic losses that might result not only from the participant's actions but the action or inaction of others, including the "Released Parties."

X Signature of Parent/Guardian _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)
 As the parent or legal guardian of the above-named player, I hereby give consent for medical care by a duly licensed Doctor of Medicine, Doctor of Dentistry, Paramedic, or Certified Athletic Trainer of the official sports medicine center of the Milwaukee Kickers. The care may be given under whatever conditions are necessary to pre-serve the life, limb or well-being of my dependent.

X Signature of Parent/Guardian _____ Date _____

Addendum only for those players having sustained a possible concussion or head injury:
 On _____ (date) my player sustained a possible concussion or head injury. He/she has been examined by a trained medical professional and has been cleared to participate in soccer activities as of today

X Signature of Medical Professional _____ Date _____

REFUND POLICY: NO REFUNDS

PARENTAL SUPPORT: MUST CIRCLE THREE
 Milwaukee Kickers is primarily a volunteer organization. Parental Participation is essential to maximize the positive experience of all our players. Training will be provided as needed. **Circle all areas that you would be interested in.**

1. Coach	4. Referee
2. Assistant Coach	5. Tournaments
3. Manager	6. Special Events

FOR CLUB USE ONLY (to be filled out by the Region Registrars)

Region _____ Date _____ Age Level U- _____