

# MILWAUKEE KICKERS SOCCER CLUB

## KICKER PLAYER REGISTRATION 2024-2025

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)	1/1/2019 - 12/31/2020		\$131
U7 (K5 & 1)	1/1/2018 - 12/31/2019		\$151
U8 (1 & 2)	1/1/2017 - 12/31/2018		\$151
U9 (2 & 3)	1/1/2016 - 12/31/2017		\$161
U10 (3 & 4)	1/1/2015 - 12/31/2016		\$161
U11 (4 & 5)	1/1/2014 - 12/31/2015		\$166
U12 (5 & 6)	1/1/2013 - 12/31/2014		\$166
U13 (6 & 7)	1/1/2012 - 12/31/2013		\$166
U14 (7 & 8)	1/1/2011 - 12/31/2012		\$166
U15 (8 & 9)	1/1/2010 - 12/31/2011		\$116
U16 (9 & 10)	1/1/2009 - 12/31/2010		\$116
U17 (10 & 11)	1/1/2008 - 12/31/2009		\$116
U18 (11 & 12)	1/1/2007 - 12/31/2008		\$116
U19 (12 & Up)	1/1/2006 - 12/31/2007		\$116

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- \_\_\_\_\_