



## 2019 Mail-In Registration

Register online at <http://www.tasksoccer.com>

|                       |                   |  |
|-----------------------|-------------------|--|
| Mail & Make Check to: | Registration Fees |  |
| TASK                  | U12 & Younger     | 1 <sup>st</sup> & 2 <sup>nd</sup> Child \$50/child |
| P.O. Box 176          |                   | 3 <sup>rd</sup> + children \$45/child              |
| Seymour, WI 54165     | U14 & Older       | \$60/child   |

**Early Bird Discount: Subtract \$10/child if registering before January 31**

***We are collecting the volunteer fee of \$20/child up front this year. Once you volunteer you will get your volunteer fee refunded back to you. Your child will not be able to play until the fee is paid.***

**Late Fee: Add \$25/child if registering after February 20**

**Registration Fees are Non-Refundable**

M/F

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|           |            |                |     |
|-----------|------------|----------------|-----|
| Last Name | First Name | Middle Initial | Sex |
|-----------|------------|----------------|-----|

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|         |      |     |            |
|---------|------|-----|------------|
| Address | City | Zip | Home Phone |
|---------|------|-----|------------|

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|   |              |
|---|--------------|
| Date of Birth (provide a copy of birth certificate if new to league – all copies are destroyed upon verification) | School/Grade |
|---|--------------|

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|                                 |     |  |     |
|---------------------------------|-----|--|-----|
| Parents/Legal Guardians Name(s) | Y/N |  | Y/N |
|---------------------------------|-----|--|-----|

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|               |      |               |      |
|---------------|------|---------------|------|
| Cell Phone #1 | Text | Cell Phone #2 | Text |
|---------------|------|---------------|------|

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|           |           |
|-----------|-----------|
| E-mail #1 | E-mail #2 |
|-----------|-----------|

Child Shirt Size (Circle One):

|       |   |   |       |   |   |    |     |
|-------|---|---|-------|---|---|----|-----|
| Youth |   |   | Adult |   |   |    |     |
| S     | M | L | S     | M | L | XL | XXL |

**Volunteering:**

All families are required to provide at least 2 hours of volunteer service per child in the program. You may either volunteer to coach/assistant coach or sign up for other options at <http://www.tasksoccer.com> and click on the volunteer link.

**Coach/assistant coach:**

Volunteer #1: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Volunteer #2: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Parental Code of Conduct:

As a parent(s) of a child participating in TASK and youth soccer I (we) will:

- Abide by Wisconsin Youth Soccer Zero Tolerance Policy
- Abide by the Wisconsin Youth Soccer Guidelines for Sideline Behavior Policy
- Not talk to or questions referees during the game
- Practice Good Sportsmanship
- Not Coach children from the sidelines
- Cheer on all athletes
- Give a 24 hour cooling off time before contacting a coach
- If the issues are not resolved, contact the board to discuss issues further

Violations are subject to review by the board with consequences determined on a case by case basis.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing, you agree to follow the code of conduct and allow your child to participate in TASK.

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### Parent & Athlete Concussion Agreement (Wisconsin Act 172)

As a parent & athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury and the parent & athlete have read the Concussion Fact Sheets located on <http://www.tasksoccer.com/forms>.

We understand that the athlete must be removed from play if a concussion is suspected.

We understand that we must seek medical treatment if a suspected concussion is reported.

We understand that the athlete cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

We understand there can be potentially serious consequences to the athlete if they return to activity too soon.

Print Name: \_\_\_\_\_

Parent

\_\_\_\_\_

Athlete

Signature: \_\_\_\_\_

Parent

\_\_\_\_\_

Athlete

Date: \_\_\_\_\_

\_\_\_\_\_