



Hello,

My name is Matt Misiak, President of Wonder Lake Youth Soccer Club, and I would like to personally invite you and all of the young men and women in your families to join us in Wonder Lake for soccer this fall.

We realize that you have many options for fall season activities and that you have goals for your family. Goals are important in soccer, but the number of goals in a game is not as important as meeting your individual needs.

This is what our mission is for all, to have fun and promote an enjoyment for this sport. We believe in preparing the children for what is next and giving them the best opportunity for success in the future.

We also believe that it should not cost a fortune to have children play a sport for a short amount of time.

The Club is a member of the Northwest Recreational Soccer League (NRSL) for our Under-12 (U12) age division where we play other area recreational soccer clubs. We do keep an eye open for additional opportunities or to possibly expand the NRSL relationship amongst other age groups.

Fees are **\$40 per player**, regardless of age level. This price includes game jersey and socks. A **registration form** is on the other side of this letter. Registration forms can be submitted before the below onsite registration dates. Final payment would be needed by **July 26, 2019**.

*Onsite Registration Days:*

Thursday, July 11, 2019 from 5-8 p.m.  
Saturday, July 13, 2019 from 8-noon  
Thursday, July 18, 2019 from 5-8 p.m.  
Saturday, July 20, 2019 from 8-noon.

Location: Jacobson Park Building  
4150 Thompson Rd., Wonder Lake

Age Groups that we serve:

U6 (child birth year 2014 and 2015)  
U8 (child birth year 2012 and 2013)  
U10 (child birth year 2010 and 2011)  
U12 (child birth year 2008 and 2009)

**CONTACT INFORMATION IN CASE OF QUESTIONS:**

**Direct Messaging via Facebook Messenger:** Like our Facebook page! Search for **Wonder Lake Youth Soccer** and we can respond to your messages. **Club Email:** [WonderLakeYouthSoccer@gmail.com](mailto:WonderLakeYouthSoccer@gmail.com) **Text or Call:** Matt Misiak, President. 847-421-7135

W.L.Y.S.C. REGISTRATION FORM (Please complete all sections)

**Ways to pay: (\$40 per player) 1) Electronic Payment –**

Step 1: Complete and e-mail a scan of the registration form to [wonderlakeyouthsoccer@gmail.com](mailto:wonderlakeyouthsoccer@gmail.com).

Step 2: Create or use a PayPal account (www.paypal.com) and pay to: [wonderlakeyouthsoccer@gmail.com](mailto:wonderlakeyouthsoccer@gmail.com).

2) **Mail** your completed form and payment (**payable to Wonder Lake Youth Soccer Club**) by **July 26, 2019** to:

**Wonder Lake Youth Soccer**  
**C/O W.L.Y.S.C. President**  
**9708 Marci Lane, Hebron, IL 60034**

**PARTICIPANT INFORMATION Please type or print legibly. One form for each player please.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Female  Male **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Jersey #:** \_\_\_\_\_ (**Not Guaranteed**)

**T-Shirt Size:** \_\_\_\_\_ **Sock Size:** \_\_\_\_\_ **Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specify any of your child's health concerns:** \_\_\_\_\_

**Is your child on any medication? No Yes If so, please specify:** \_\_\_\_\_  
**Allergies** \_\_\_\_\_

**Other Medical Conditions** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Cell Phone** (\_\_\_\_\_) \_\_\_\_\_ **Bus Phone** (\_\_\_\_\_) \_\_\_\_\_

**Medical/Hospital Insurance Company** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**PARENT MEDICAL RELEASE AND STATEMENT**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

I hereby state that (child's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Wonder Lake Youth Soccer Club**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Wonder Lake Youth Soccer Club and its volunteers** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_