



2023 GYSC 7 vs 7 summer League

For boys entering 9-12th grade of the 2022-23 school year, the league will run from July 2nd to July 30th. Games will be played on Saturday and Sunday Afternoon from 1 pm to 6pm at Milwaukee Lutheran High School.

Team Entry fee is \$600. Every effort will be made to accommodate your requests for game times and block out dates. There will be two divisions, Cardinal and Gray division. Cardinal division will be reserved for Varsity competition teams and the gray division will be reserved for Varsity reserve/JV level competition. Each school is limited to one team at each division. Max of 8 teams per division. Depending on the interest, we may add a JV only division.

15 player roster max, if a school has two teams, they MAY share players from within their high schools as long as they are registered to the league, and you have the space on your roster. No player passes are required. ***Each school will be assigned a color to wear as jerseys.***

Per WIAA rules, Coaches are not allowed to coach their schools in our league but are more than welcome to be spectators.

Register online at <https://fs16.formsite.com/NtGyhy/Soccer/index.html>

If you prefer to pay by check, Make check payable to GLOBAL YOUTH SUPPORT CENTER (GYSC) NO INDIVIDUAL CHECKS OR CASH PAYMENT

Players may turn in waivers forms individually on the 1st day of the games. Deadline for Application is April 5th 2023.
Questions: text/call or email Oswald Bwechwa Jr at Obwechwa@milwaukeeelutheran.org 262-225-8691

Release of Liability and Permission Acknowledgement

(Please read carefully before signing)

PLAYERS NAME: _____

Athletic participation carries with it an increased possibility of injury, some of which could be serious, such as, but not limited to permanent paraplegia, paralysis and even death.

Coaches will Utilize the most current, medically sound conditioning methods and teach only safe, competitive techniques in preparing athletes.

Players, however, have responsibilities to exercise caution that only approved safe-playing techniques are utilized in practices and games. If unusual or unsafe situations are observed I will remove myself from participation and bring such to the attention of an authorized representative of the organization immediately.

PLAYERS SIGNATURE: _____ **DATE:** _____

We/I the parent(s) or legal guardian(s) do hereby acknowledge the we/I understand the risks in participation and do hereby grant our son/daughter permission to participate in WEPLAYFORHIM REC ASSOCIATION, INC program. We/I understand and agree that neither the GLOBAL YOUTH SUPPORT CENTER, INC., MILWAUKEE LUTHERAN HIGH SCHOOL, MARTIN LUTHER HIGH SCHOOL, LAKE COUNTRY LUTHERAN HIGH SCHOOL OR LUTHERAN HIGH SCHOOL ASSOCIATION of GREATER MILWAUKEE, nor any of its employees, agents, officers, coaches, volunteers or representatives may be held liable in any way for any occurrence, including rescue operations, in connection with the program which may result in injury, death or other damages to me or my family, heirs or assigns, and in consideration of being allowed to participate in the program, we hereby assume all risks in connection with said program and activities and further WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND PROMISE NOT TO SUE the WEPLAYFORHIM REC ASSOCIATION, INC., MILWAUKEE LUTHERAN HIGH SCHOOL, MARTIN LUTHER HIGH SCHOOL, LAKE COUNTRY LUTHERAN HIGH SCHOOL OR LUTHERAN HIGH SCHOOL ASSOCIATION of GREATER MILWAUKEE, nor their sponsors, employees, officers, representatives, coaches, volunteers, referees and agents, any facility owners and any opponents ("releases") with respect to any and all injury, loss and claim arising from participant's participation in the program, even if due to negligence of the releases or equipment failure, unless and except that which is the result of release's intentional misconduct.

This is signed by the program participant (player), his/her parent(s) or legal guardian(s) with their consent. We understand that the terms herein are contractual in nature and not a mere recital, and this has been signed freely and voluntarily. It is the intent of the signers hereto to exempt, waive, release, discharge, hold harmless, indemnify and promise not to sue the GLOBAL YOUTH SUPPORT CENTER, WEPLAYFORHIM REC ASSOCIATION, INC., MILWAUKEE LUTHERAN HIGH SCHOOL, MARTIN LUTHER HIGH SCHOOL, LAKE COUNTRY LUTHERAN HIGH SCHOOL OR LUTHERAN HIGH SCHOOL ASSOCIATION of GREATER MILWAUKEE, nor any of its employees, agents, officers, coaches, volunteers, representatives and agents for any derivative damage caused by anyone's act, error, omission or negligence.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

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CONCUSSION RELEASE

As a Parent and as an 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.

Parent Agreement:

I _____ have **read** the “Understanding Concussions Form” on the WEPLAYFORHIM REC ASSOCIATION, INC. website (www.weplayforhimrec.org) under the “*concussion research*” portion and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ **Date:** _____

Athlete Agreement:

I _____ have **read** the “Understanding Concussions Form” on the WEPLAYFORHIM REC ASSOCIATION, INC. website (www.weplayforhimrec.org) under the “*concussion research*” portion and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Player Signature: _____ **Date:** _____

MEDICAL RELEASE

Player: _____ Date of Birth: _____ Gender (M/F): ____
Parent (s)/Guardian Name: _____ Relationship: _____
Parent (s)/Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____
Email: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____
Address: _____ City: _____ State/Country: _____ Zip: _____

Hospital Preference: _____
Parent Insurance Co: _____ Policy No.: _____
League Insurance Co: _____ Policy No.: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name: _____
Phone: _____ Relationship to Player: _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis: _____
Medication: _____
Dosage: _____
Frequency of Dosage: _____

Authorized Parent/Guardian: _____ Signature Date: _____