

MICHIGAN YOUTH SOCCER LEAGUE
AFFILIATE U.S.Y.S.A. / M.S.Y.S.A.
PLAYER REGISTRATION FORM

Please print or type this form. Attach one (1) current **passport size** pictures with the player's name written on the back of the pictures plus a proof of age (i.e. previous pass-card, birth certificate, alien registration card, drivers license, etc.) THIS FORM WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT ATTACHED.

DATE OF BIRTH _____
MONTH DAY YEAR

NAME OF PLAYER _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PREVIOUS SOCCER TEAM REGISTERED WITH: _____
LEAGUE TEAM SEASON

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I VOLUNTARILY DESIRE TO PLAY SOCCER FOR THE CLUB NAME _____

TEAM NAME _____

AGE GROUP _____

AFFILIATE OF THE MICHIGAN YOUTH SOCCER LEAGUE. I UNDERSTAND THAT SIGNING THIS FORM BINDS ME TO THE ABOVE NAMED TEAM FOR THE ENTIRE SEASON YEAR UNLESS AN APPLICATION FOR TRANSFER IS GRANTED BY THE ABOVE NAMED CLUB, THE MICHIGAN YOUTH SOCCER LEAGUE, OR THE MICHIGAN STATE YOUTH SOCCER ASSOCIATION UNDER CONDITIONS SET FORTH IN U.S.S.F. RULE 2103, SECTION a,b,c,d, CAN BE MET.

SIGNATURE OF PLAYER _____ DATE _____

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THE UNDERSIGNED PARENT OR GUARDIAN REPRESENTS THAT THE PLAYER IS IN GOOD HEALTH AND CAN PARTICIPATE IN COMPETITIVE SOCCER AND FURTHERMORE UNDERSTANDS THE RULES SET FORTH IN U.S.S.F. RULE 2103

I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume the risk and release the Michigan Youth Soccer League ("MYSL"), its affiliates, their sponsors, event organizers, elected officers, officials, volunteers and agents from any liability thereof.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FATHER'S NAME _____

MOTHER'S NAME _____ EMERGENCY PHONE _____