PHOTO
Must Be This Size
Attach Here

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

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

DATE OF BIRTH: _____
Month Day Year

NAME OF PLAYER: _____
Last First Middle

ADDRESS_____

CITY_____ ZIP_____ Phone_____

PREVIOUS SOCCER TEAM REGISTERED WITH _____
League Team Season

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 SEASONAL 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 THE U.S.S.F. RULE 2103 SECTION a.,b.,c.,d., CAN BE MET

Player Signature _____ Date _____

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

SIGNIATURE OF PARENT OR GUARDIAN_____DATE_____

FATHER'S NAME_____

MOTHER'S NAME_____EMERGENCY CONTACT NO_____