



Michigan Youth Soccer League Affiliation Application

___ Spring or ___ Fall Year: ___
___ Renewal Affiliation or ___ New Affiliation*

Affiliating Organization [Name of League, Association, Club] _____

Organization President: _____ **Risk Management Number:** _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

The undersigned acknowledges and affirms that he/she is a fully authorized official of the Affiliating Organization first named above and hereby attests to its desire to be considered an affiliate of the Michigan Youth Soccer League (MYSL) and confirms that it is in good standing with the MSYSA and the MYSL. Further, pursuant to the MYSL By-Laws, the undersigned, on behalf of this Affiliating Organization, hereby confirms and acknowledges that it is now and will remain in compliance with the MYSL Risk Management provision of the MYSL By-Laws, specifically Section III Paragraph J, which states: All Clubs/ Leagues and their respective teams affiliated with MYSL will adhere to the risk management provisions of the MYSL and the USSF Affiliate League. The failure by any MYSL-affiliated team person(s) -- including all Club/League principals, board members, coaches, managers, significant adults assisting the team, and trainers -- to promptly comply with MYSL risk management provisions will cause their MYSL status to be changed to disqualified, will cause them to be subject to MYSL fines and cause the immediate suspension of their MYSL-associated activities until a satisfactory remedy is verified and approved by MYSL.

Authorized Signature of Affiliating Official: _____

Date: _____ **Title:** _____

[Please provide at **least two** of the following from your Organization]

- 1) **MYSL Delegate:** _____ Risk Management Number: _____
Address: _____ Phone: _____
City, State, Zip: _____
Email address: _____
- 2) **Field Scheduler:** _____ Risk Management Number: _____
Address: _____ Phone: _____
City, State, Zip: _____
Email address: _____
- 3) **Certified Referee Assignor:** _____ Risk Management Number: _____
Address: _____ Phone: _____
City, State, Zip: _____
Email address: _____
- 4) **Director of Coaching:** _____ Risk Management Number: _____
Address: _____ Phone: _____
City, State, Zip: _____
Email address: _____

Affiliating Organizations must complete this form and return it to the MYSL President at each Fall and Spring registration date. Failure to comply will result in the forfeit of registration fees, disqualification of all teams for at least one season and the Affiliating Organization will have to reapply for MYSL affiliation.