



## 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.