

MICHIGAN YOUTH SOCCER LEAGUE (MYSL) AFFILIATE MICHIGAN STATE YOUTH SOCCER ASSOCIATION (MSYSA USYSA/USFF/FIFA) PLAYER REGISTRATION FORM

NAME OF PLAYER:						
	FIRST		LAST		MIDDLE	
DATE OF BIRTH:	MONTH	DAY	YEAR	(Please	e attach proof of birth if new player in MYSL	
STREET ADDRESS: _					-	
CITY:	ZIP CODE:		P	HONE #	:	
I voluntarily desire	to play soccer fo	or:				
CLUB NAME:						
TEAM NAME:						
AGE GROUP:		_ BOY [⊐ GI	RL 🗆]	
PREVIOUSLY	REGISTEREDW	ITH TEAM NA	ME:		AGE GROUP:	
year (both Fall/Spr	ing) unless an aj	pplication for	r a transfei	is appl i	2	
SIGNATURE OF PLA	AYER:				DATE:	
SIGNATURE OF PARENT OR GUARDIAN:				DATE:		
	nd furthermore u	nderstands th	e rules set f		od health and can participate in J.S. Youth player registration	
	bility and death, and	severe social and	economic los	ses which	hat involve risk of serious injury, might result not only from their own eable at this time.	
or death. Release, waive d their respective administr sponsoring agencies, spon which are hereinafter refe	lischarge and covena ators, directors, ager sors, advertisers, an erred to as "Releasees	nt not to sue the nts, coaches, and o d if applicable, ow s" from demands	MSYSA, its me other employe vners and leas ; losses or dan	ember Asso ees of the c er's of pre nages on a	wing such injury, permanent disab ility ociations, affiliated clubs, or teams an d organization, other participants, mises used to conduct the event, all of ccount of injury, including death or ce of the "Releasee" or otherwise.	
Signature of Parent				Date:		

Printed Name of Parent or Guardian: _____