



Maryland State Youth Soccer Association

MEMBERSHIP AND PLAYER REGISTRATION

(06 / 2006)



PLAYER ID #

[Empty box for Player ID #]

PRIMARY

MULTIPLE ROSTER

LEAGUE ONLY

Date of Birth

Last Name

First Name

M

F

Month

Day

Year

Mailing Address

City

State

Zip

Residence Address (If Different)

City

State

Zip

County

E-Mail Address (see note at right)

E-Mail is for MSYSA Internal Use Only

1B

MD

Region

State

League

Club

Club #

Team

U

Age Group

Trvl

Rec

Team #

Player Affiliation with Other Teams

I am not

rostered to any other teams, or I am

rostered to the following other teams:

Club & Team

League

Age

*Status

State Cup Play (Yes/No)

(*Status: P: Primary; M: Multiple Roster; L: League Only)

Player Signature:

Date:

Father/Guardian Name

Phone

Mother/Guardian Name

Phone

In Emergency, Contact

Phone

Doctor to Notify

Phone

Medical Insurance: Company

Policy#

OR

(MUST BE COMPLETED)

No Insurance

I, _____, the parent _____ /legal guardian _____ of _____, who is _____ years old, give my permission for him / her to play soccer. I am aware of the fact that soccer is a physically demanding sport in which injuries may occur. In my opinion my son / daughter is physically able to play soccer.

I AFFIRM THAT ALL INFORMATION ABOVE REGARDING MY SON / DAUGHTER IS COMPLETE AND CORRECT.

I HAVE RECEIVED AND READ THE ACCOMPANYING PAGE TO THIS FORM WHICH DESCRIBES PLAYER RIGHTS.

I AGREE TO UPHOLD AND BE BOUND BY MSYSA AND USYSA BYLAWS, POLICIES AND PROCEDURES

Parent / Guardian Signature:

Date:

THIS COPY FOR:

TEAM

TEAM REGISTRAR

MSYSA OFFICE