



MEMBERSHIP AND PLAYER REGISTRATION

(06 / 2006)



PLAYER ID #

[Empty box for Player ID #]

PRIMARY MULTIPLE ROSTER LEAGUE ONLY

Last Name, First Name, Date of Birth (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 Region, MD State, League, Club, Club #, Team, 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, Mother/Guardian Name, In Emergency, Contact, Doctor to Notify, Medical Insurance: Company, Phone, 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