

2011-12 Maryland ODP **ON-SITE REGISTRATION FORM**

\$60 CHECK or CASH ONLY

All on-site registrants must be a Maryland resident, a registered MSYSA player and provide proof of 2011-12 MSYSA registration. You will not be permitted to participate in Maryland ODP tryouts with registration verification.

PLAYER'S NAME (please print): _____
(Last Name) (First Name)

BIRTHDATE: ____/____/____ GENDER (circle one): MALE FEMALE
Month Day Year

PRIMARY POSITION (circle one): FIELD GOALKEEPER US CITIZEN (circle one): YES NO

CLUB: _____ TEAM NAME: _____

PARENT/GUARDIAN (please print): _____
(Last Name) (First Name)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ Cell Work Home

E-MAIL: _____/_____
Email 1 Email 2

Consent

I Parent/guardian of the above applicant, a minor, agree that I and the participant will abide by the rules of the US Youth Soccer/MSYSA ODP, their affiliated organizations and sponsors. Recognizing that the possibility of physical injury can be associated with soccer, I hereby release, discharge and/or otherwise indemnify the US Youth Soccer/MSYSA ODP and their affiliates, against any claims by or on behalf of the registrant as a result of participation. As the parent or legal guardian of the above player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent

Parent/Guardian Signature DATE: _____

(MSYSA use only)



Tryout/T-shirt Number: _____
(Shirt Color) (Number)

Cash Check Check Number: _____

