



MARYLAND STATE YOUTH SOCCER ASSOCIATION

GUEST PLAYER REGISTRATION

(06/2007)

Maryland State Youth Soccer Association

PLAYER ID #

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 of Residence

E-Mail Address (see note at right)

E-Mail is for MSYSA Internal Use Only

Conditions:

This registration is only valid to allow the named Player to participate as a Guest Player in a tournament for a properly rostered team. The following procedures must be observed:

The USYSA Player Pass/Membership Card issued for this purpose will have "GUEST" entered in lieu of a team name.

An MSYSA Tournament Guest Player Form must be completed and submitted to the designated MSYSA Registrar before the USYSA Player Pass will be issued. To be a Guest Player on a non-Maryland team, approval of the other National State Association must also be obtained, as provided for on the MSYSA Tournament Guest Player Form.

The Player must return the USYSA Player Pass within three (3) days following the end of the tournament to the issuing MSYSA Registrar or will be considered 'not in good standing' and may not be able to participate in future sanctioned activities.

Player Affiliation with Teams

As of this date, I have not registered nor been rostered to any team during the current seasonal year. This registration will allow me to play as a guest player only, subject to the conditions listed above, until such time as I am rostered to a team.

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
