



Maryland State Youth Soccer Association

MEMBERSHIP AND PLAYER REGISTRATION

(07/2001)



PLAYER SSN or ID#

SSN/ID# input boxes

PRIMARY

Primary checkbox

MULTIPLE ROSTER

Multiple Roster checkbox

LEAGUE ONLY

League Only checkbox

Date of Birth

Name and Date of Birth input fields

Mailing Address input fields

Residence Address input fields

County and E-Mail Address input fields

E-Mail is for MSYSA Internal Use Only

1B Region, MD State, League, Club, Team, Age Group, Trvl, Rec, Team #

Player Affiliation with Other Teams section

Parent/Guardian contact information fields

OR (MUST BE COMPLETED)

No Insurance checkbox

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 and Date fields

THIS COPY FOR: TEAM, TEAM REGISTRAR, MSYSA OFFICE