



MEMBERSHIP AND PLAYER REGISTRATION
(06 / 2006)



PLAYER ID # _____

PRIMARY MULTIPLE ROSTER LEAGUE ONLY

_____ 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 Region _____ **MD** State _____ League _____ Club _____ Club # _____

_____ Team _____ **U** _____ Age Group _____ Trvl _____ Rec _____ Team # _____

Player Affiliation with Other Teams				
I am <u>not</u> <input type="checkbox"/> rostered to any other teams, or I am <input type="checkbox"/> 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 _____