Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM

PLAYER REGISTRATION FORMS

Must be Typed or Printed

Player Name: _____Date of Birth:_____

Player Address:_____

City:_____State:_____Zip:_____

Contact Phone Number:_____

Contact E-Mail:_____

I. PLAYER/FAMILY COMMITMENT

A. I voluntarily desire to play soccer for the:

_____

(Age) (Club Name) (Team Name)

B. For the **2014-2015 seasonal year**, this team plans to participate in the league checked below:

( ) US Youth Soccer Midwest Regional League OR ( ) MSYSA Director's Academy

C. As of the date noted below, I **HAVE / HAVE NOT** (circle one) registered with any other team/club this seasonal year.

D. I understand that by signing this form, I have committed to the above named team and club for the entire seasonal year (Fall and Spring) unless a request to transfer is approved by MSYSA and the above mentioned club.

E. I attest that I have filled out this form accurately and completely. Failure to provide accurate and complete information may jeopardize the registration of my child with the team or club named above, and/or Michigan State Youth Soccer Association.

_____ _____

(Parent/Guardian Signature) (Date)

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II. PLAYER'S CODE OF CONDUCT AGREEMENT

Players are expected to conduct themselves at all times in a manner that reflects positively on MSYSA. Players must not, at any time, bring discredit upon MSYSA. When traveling and representing MSYSA, each player is expected to dress appropriately and in a manner that reflects positively on MSYSA. Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator, and observance of State and Federal laws are required for participation in this program.

Discipline Rules:

1. Substance use and/or possession thereof (drugs, alcohol, and/or tobacco) is cause for immediate dismissal from the program.

   *Note: It is your responsibility to prevent situations from occurring and avoiding situations that occur. Don't allow **anyone**, including your roommates, to bring these substances into your room. You should leave any time substances are present! You must take total responsibility for your actions.*
2. Irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program and could affect player's future participation.

Player's Acknowledgement *(Players, please initial on each line below):*

_____ I will conduct myself in a manner respecting the facilities, other players, referees, and coaching and administrative staff of the MSYSA while I am participating in the State, Regional and National Programs.

_____ I understand that if I am found to be using or in the possession of drugs or alcohol or in violation of the MSYSA and/or the hosting organization's rules and regulations that this shall result in my immediate ejection from the program.

_____ I understand and accept the fact that if dismissed from the program or an event while traveling, I may be sent home immediately at my parents' expense by whatever means is most convenient for the program administrator.

Parent or Guardian Acknowledgement *(Parents, please initial on each line below):*

_____ I understand and accept the fact that if my child is dismissed from the program or an event while traveling, my child may be sent home immediately at my expense by whatever means is most convenient for the program administrator.

_____ I understand that if my child is dismissed from the program or event, I understand program or event fees will **not** be reimbursed.

III. PARENT OR GUARDIAN CONSENT TO TRAVEL

Parent or Guardian Acknowledgement *(Parents, please initial on each line below):*

_____ My child has permission to travel with you (official representatives of the team/club mentioned in Section 1 of this document), as chaperon to various tournaments where he/she will participate in, among other things, soccer in various modes of transportation, accommodations, meals, and physical activities in addition to playing soccer.

_____ I further acknowledge that my child participates in the trip at his/her own risk. My child is in good health, and my family releases you, your heirs, executors and assigns of any responsibility that you or they might have regarding the health and physical condition of my child during his/her participation in the trip. On behalf of myself, my family, my child, heirs, executors and assigns, I further release and forever discharge you, your heirs, executors and assigns, and demands right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by my child and/or lost or damaged property, or otherwise, directly or indirectly arising from participation by my child on the trip.

_____ I agree to indemnify you, your heirs, executors and assigns, and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by myself or by my child. Permission is given to take any action you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize, provide proper treatment, and order injections, anesthesia or surgery for my child.

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IV. MEDICAL WAIVER

Parent or Guardian Acknowledgement *(Parents, please initial on each of the two lines below and complete the bottom section):*

_____ I hereby give my permission for any and all medical attention necessary to be administered to my child whose name appears at the beginning of this document.

_____ In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian Names: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Name of Insurance Company: _____

Agent: _____

Policy Number: _____ Type: _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

( ) Coach / Assistant Coach ( ) Team Manager ( ) Team Parent

( ) League representative ( ) Tournament representative

In case I cannot be reached, please call _____ at _____

Our Physician's Name: _____

Address: _____

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City/State/Zip: _____

Phone: _____ Hospital: _____

Known Allergies: _____

Known Disabilities: _____

Other Important Medical Information: _____

_____

_____

_____

THESE REGISTRATION FORMS REQUIRE NOTARIZATION. THEY WILL NOT BE ACCEPTED WITHOUT THE PROPER NOTARIZATION. FORMS MUST BE FILLED OUT, NOTARIZED, AND SUBMITTED TO MSYSA EACH YEAR.

Subscribed and sworn to before me this on this date of:_____

NOTARY PUBLIC: _____

My commission expires: _____

I attest that I have filled out these forms accurately and completely. Failure to provide accurate and complete information may jeopardize the registration of my child with the team or club named herein, and/or Michigan State Youth Soccer Association.

_____ _____

(Parent/Guardian Signature) (Date)