

# MSYSA INSURANCE COVERAGE ACCEPTANCE & CONFIRMATION

Date:

Coach and/or Manager

Address

City, State, Zip

As Non-Members of the MSYSA and/or US Youth Soccer, we completely understand and hereby agree to accept that insurance coverage MSYSA has for its members does not apply nor is it extended to players or team officials who are not currently members of the MSYSA and/or US Youth Soccer and more specifically at the event or tournament scheduled from \_\_\_\_\_ to \_\_\_\_\_ at: (Name of Tournament or Event):

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As Non-Members of the MSYSA and/or US Youth Soccer, we also completely understand and agree to accept MSYSA's policy on tournaments (that are sanctioned by the MSYSA) in Michigan permitting non-members participation in their tournaments to do so with the complete understanding that the various insurance program(s) for Non-MSYSA, Non-US Youth Soccer Member Organization(s) apply for its respective members or team officials who may be injured or hurt in any manner during the course of the above named tournament/event. Insurance coverage with MSYSA excludes Non-Members of MSYSA and Non-Members of US Youth Soccer.

Your Organization Affiliation: (Super Y, US Club, etc.) \_\_\_\_\_

Name of Your Team (Please Print):

\_\_\_\_\_

Signature of Coach and/or Team Official (Required): \_\_\_\_\_

Printed Name of Coach and/or Team Official (Required): \_\_\_\_\_

Address of Coach and/or Team Official (Required):

\_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_