THIS FORM MUST BE PRINTED OR TYPED AND RETURNED TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

Player's First Name:	
Player's Last Name:	
Player's Date of Birth:	
E-mail Address:	
Street Number:	
Street Address:	
City:	
State:	
Zip:	-
•	
Home Phone (w/ area code):	
Adult Team Name:	
Adult League Name:	
Youth Team Coach's Name:	
Youth Team Name:	
Youth League Name:	
completing this form, you certify you have	completed and understand the following requirements for the MSYSA Youth
rticipation in Senior Games Form:	
A youth player regardless of age may be perm Youth Participation Form is approved by the M	itted to play an unlimited number of senior games without losing youth eligibility if this SYSA.
neligible player shall forfeit all games in which t	* *
It is the player's responsibility to give a copy of equirements for Adult Registration before the	of this approved form to the player's Youth Team Coach and complete all appropriate MS player can participate in an Adult Game.
Approval of this form by the MSYSA merely	maintains the youth eligibility of the player should he/she play in Adult Games.
Player's Signature & Date:	

THIS FORM IS INVALID UNLESS THE MSYSA LOGO/STAMP OF APPROVAL APPEARS ON IT.