Mid – Michigan Youth Soccer League

Affiliate : United States Soccer Federation and Michigan State Youth Soccer Association

Player registration Form

Boys 19___ 18___ 17___ 16___ 15___ 14___ 13___ 12___ 11___ 10___

Girls 19___ 18___ 17___ 16___ 15___ 14___ 13___ 12___ 11___ 10___

PLAYER NAME_____

ADDRESS : _____ **BIRTH DATE** : _____

CITY : _____ **ZIP CODE** : _____ **PHONE** : _____

CITIZEN : _____ _____ **MALE :** _____ **FEMALE :** _____
YES **NO**

E-MAIL ADDRESS: _____

Previous USSF soccer team/year last played : _____

I voluntary desire to play for _____
(Team Name)
of the Mid – Michigan Youth Soccer League. I understand that signing this form binds me to the above named team for the entire seasonal year (fall/spring) unless an application for the transfer is granted on an approved MSYSA transfer under the conditions set forth in USSF Rule 2103.

SIGNATURE OF PLAYER : _____ **DATE :** _____

SIGNATURE OF PARENT : _____ **DATE :** _____

SIGNATURE OF COACH : _____ **DATE :** _____

SIGNATURE OF REGISTRAR : _____ **DATE :** _____

Attach Proof of age (previous passcard, copy of birth certificate, drivers license, alien registration card, passport, official school record, etc.). This form will not be accepted if all information is not attached.