

**Type of Application (Circle or Highlight One)**

Teams may register a coach, asst. coach and manager. Managers are not required to register. If manager does not register, a second asst. may register as manager.	Player (Under 18)	Head Coach	E or D License? _____
	Player (18 & Over)	Asst. Coach Manager	Date Issued: _____

**Club Affiliation (Circle or Highlight One)**

Battle Creek Force Kalamazoo	Marshall Michiana Niles	Portage Red Arrow River Oaks South Haven	Sturgis SW Michigan Sting Team United	Other _____
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Under 10	Under 11	Under 12	Under 13	Under 14	Under 15	Under 16	Under 17	Under 18	Under 19
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**Team Identification (Not to be filled in by player) Club Representative Must Circle or Highlight Appropriate**

Boys Team \_\_\_\_\_ Girls Team \_\_\_\_\_ Team Name (Optional) \_\_\_\_\_

A (1 <sup>st</sup> team in age group)	B (2 <sup>nd</sup> team in age group)	C (3 <sup>rd</sup> team in age group)
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**Players – Staple a copy of certified birth certificate to this form if not registered prior season**  
**Coaches – Staple a copy of coaching license to this form if license not listed on prior season roster**

Male \_\_\_ Female \_\_\_ E-mail: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Full Zip: \_\_\_\_\_ - \_\_\_\_\_ Birthdate (Mn/Dy/Yr): \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, the player/coach/manager listed above (or parent if player is under 18), agree that I will abide by the rules of MSYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for MSYSA accepting me for its soccer program, I hereby release, discharge and/or otherwise indemnify the MSYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself as a result of my participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also agree that good sportsmanship and a sense of fair competition will govern my conduct on the field. I understand that players/coaches who are guilty of major transgressions (violence, racial abuse, abuse of a referee, etc.) will be referred to the WestMYSA Board for suspension and/or loss of pass card. ALL PLAYERS/COACHES/MANAGERS AND PARENTS (IF PLAYER IS UNDER 18) MUST SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE ABOVE.

**SIGNATURES The person shown above must sign below. In addition, if the player is less than 18 years old on the day this form is filled out, a parent's signature is required.**

Signature of person shown above: _____ Date: _____	Cut recent picture to fit in this square. Leave an extra margin on one side and attach with a staple in the margin.
Parent's/Guardian's Name (print): _____	
Parent's/Guardian's Signature: _____ Date: _____	

**Note:** Each club should collect applicable fees and registration forms and forward them to the League Administrator.

**Dual Registrations:** Any player who dual registers must include copy of [msysa.net](http://msysa.net) Dual Registration form.

**Parents and Club Representatives:** To ensure registration, include ALL requested information on this form.