



MERCER YOUTH SOCCER ASSOCIATION

www.merceryouthsoccer.com

ATHLETES FIRST, WINNING SECOND

RECREATIONAL REGISTRATION FOR

FALL OR SPRING YEAR: _____

HOW WILL YOU HELP?

MYSA is a non-profit organization which requires adult participation. **PLEASE, CONSIDER CHECKING ONE OR MORE.**

NAME: _____			
Coach	<input type="checkbox"/>	Board Member	<input type="checkbox"/>
Asst. Coach	<input type="checkbox"/>	Referee	<input type="checkbox"/>

PLAYER 1:

FIRST NAME:		PREFERRED NAME:	
LAST NAME:			
DATE OF BIRTH:		MALE	FEMALE
SCHOOL:		GRADE:	
LIST ANY MEDICAL CONDITIONS OR CONCERNS:			
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:			
DID PLAYER PLAY LAST SEASON? YES NO		LAST SEASON'S TEAM COACH/DIVISION:	
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO			
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO			
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]			
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL			

PLAYER 2:

FIRST NAME:		PREFERRED NAME:	
LAST NAME:			
DATE OF BIRTH:		MALE	FEMALE
SCHOOL:		GRADE:	
LIST ANY MEDICAL CONDITIONS OR CONCERNS:			
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:			
DID PLAYER PLAY LAST SEASON? YES NO		LAST SEASON'S TEAM COACH/DIVISION:	
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO			
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO			
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]			
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL			

Uniforms are used fall and the following spring seasons. Keep this in mind for sizes.

PLAYER 3:

FIRST NAME:		PREFERRED NAME:	
LAST NAME:			
DATE OF BIRTH:		MALE	FEMALE
SCHOOL:		GRADE:	
LIST ANY MEDICAL CONDITIONS OR CONCERNS:			
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:			
DID PLAYER PLAY LAST SEASON? YES NO		LAST SEASON'S TEAM COACH/DIVISION:	
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO			
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO			
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]			
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL			

PLAYER 4:

FIRST NAME:		PREFERRED NAME:	
LAST NAME:			
DATE OF BIRTH:		MALE	FEMALE
SCHOOL:		GRADE:	
LIST ANY MEDICAL CONDITIONS OR CONCERNS:			
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:			
DID PLAYER PLAY LAST SEASON? YES NO		LAST SEASON'S TEAM COACH/DIVISION:	
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO			
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO			
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]			
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL			

Uniforms are used fall and the following spring seasons. Keep this in mind for sizes.

FOR ADDITIONAL CHILDREN USE ANOTHER FORM.

OVER >>>>

PLAYERS' ADDRESS:		CITY:	ZIP:
PLAYERS' PHONE NUMBER:	TEXT: Y N	FAMILY E-MAIL (MYSA'S PREFERRED WAY OF CONTACT):	
DOCTOR:		DOCTOR'S PHONE NUMBER:	
PRIMARY GUARDIAN (FIRST ONE CONTACTED):		FIRST NAME:	LAST NAME:
MOTHER FATHER OTHER _____			
ADDRESS OR EMAIL (IF DIFFERENT FROM PLAYER):	HOME PHONE:	CELL PHONE:	TEXT: Y N WORK PHONE:
SECONDARY GUARDIAN:		FIRST NAME:	LAST NAME:
MOTHER FATHER OTHER _____			
ADDRESS OR EMAIL (IF DIFFERENT FROM PLAYER):	HOME PHONE:	CELL PHONE:	TEXT: Y N WORK PHONE:
EMERGENCY CONTACT (SOMEONE OTHER THAN PARENT):		PHONE:	RELATIONSHIP:

PARTIAL SCHOLARSHIPS ARE AVAILABLE UPON REQUEST AND AFTER A VOTE BY THE MYSA BOARD - LIMITED NUMBER AVAILABLE

FEES ARE NON-REFUNDABLE

PLAYER 1:		PLAYER 2:		PLAYER 3:		PLAYER 4:		TOTAL:	
U6 - U8		U6 - U8		U6 - U8		U6 - U8		1:	
\$50		\$50		\$50		\$50		2:	
U10 - U14		U10 - U14		U10 - U14		U10 - U14		3:	
\$60		\$60		\$60		\$60		4:	
UNIFORM		UNIFORM		UNIFORM		UNIFORM			
\$25		\$25		\$25		\$25			
LATE FEE		LATE FEE		LATE FEE		LATE FEE			
\$20		\$20		\$20		\$20			
SUBTOTAL:		SUBTOTAL:		SUBTOTAL:		SUBTOTAL:			

APPLICATIONS WILL NOT BE ACCEPTED UNTIL PAYMENT & ALL DOCUMENTS ARE RECEIVED

I, the parent/guardian of the players on this form, minors, agree that I and the players will abide by the rules of MYSA, KYSA, & US Youth Soccer. I also recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Mercer Youth Soccer Association (MYSA) permitting my children to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, MYSA, its Board of Directors, coaches, referees, and other such volunteers as are connected with MYSA in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury to or caused by my children. With the knowledge and understanding of the foregoing, this is to certify that my children has my permission to play soccer in the MYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____

NOT VALID WITHOUT SIGNATURE

PRINT NAME: _____ RELATIONSHIP TO PLAYER(S): _____

OFFICIAL USE ONLY	AGE DIVISION:	1 & U	2 & U	3 & U	4 & U	PAYMENT METHOD:	RECEIVED BY:
	NEW DIV.:	Y N	Y N	Y N	Y N	CASH CC CHECK # _____	
	BIRTH CERT.	Y N	Y N	Y N	Y N	SCHOLARSHIP REQUESTED	DATE: