



MICHIGAN STATE PREMIER SOCCER PROGRAM

MICHIGAN STATE YOUTH SOCCER ASSOCIATION (MSYSA) - AFFILIATE USYSA/USSF/FIFA



PLAYER REGISTRATION FORM

Name _____

LAST

FIRST

MIDDLE

Address _____ Date of Birth ____ / ____ / ____

Month

Day

Year

City _____ State ____ Zip _____ Phone (____) _____ - _____

I voluntarily desire to play soccer for the _____

Affiliating League

Team Name

of the **Michigan State Premier Soccer Program (MSPSP)**. I understand that signing this form binds me to the above named team for the entire seasonal year (Both Fall/Spring) unless an application for the transfer is granted on the approved MSYSA Transfer Form by the MSYSA.

Signature of Player x _____ **Date** _____

Signature of Parent /Guardian x _____ **Date** _____

YES, I have paid the player fee

I have not registered with any other team this seasonal year

Authorized signatures required in this section

I understand that signing this form binds the above named team to the above named player for the entire seasonal year (Both Fall/Spring) unless an application for the transfer is granted on the approved MSYSA Transfer Form by the MSYSA.

Signature of Coach /Team Official x _____ **Date** _____

Signature of Affiliating League President or Registrar x _____ **Date** _____

I, as the affiliating league official, confirm documentation is on file with the affiliating league that certifies the player's age eligibility.

Michigan State Premier Soccer Program Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in MSYSA sanctioned soccer activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used, and acknowledge further, that there may be other risks not known or not reasonably foreseeable at this time;
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue the MSYSA, its member Associations, affiliated clubs, or teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter, referred to as "Releases" from demands; losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasee" or otherwise.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian x _____ **Date** _____

Parents/Players are entitled to a copy of this contract. Copies will only be provided by the coach or Affiliated League.