



MERCER YOUTH SOCCER ASSOCIATION

www.merceryouthsoccer.com

ATHLETES FIRST, WINNING SECOND

Recreational Registration Form

Season: **Fall / Spring** Year: _____

HOW WILL YOU HELP?			
MYSA is a non-profit organization which requires adult participation. PLEASE CHECK ONE OR MORE.			
NAME: _____			
Coach		Board Member	
Asst. Coach		Committee	
Team Parent		Referee	

PLAYER INFO	Last Name		Preferred First Name		Gender Male Female		Date of Birth		Age	
	Address				City		Zip		Last 4 digits of SS# XXX-XXX-____	
	Phone Number		Family E-Mail (MYSA's Preferred way of contact)				School		Grade	
	List any medical conditions or concerns:						Doctor:		Phone:	
	Emergency Contact: (Someone other than parent)				Phone:		Relationship:			

PARENT INFO	Primary Guardian: (Circle) Mother Father Other _____		Last Name		First Name:	
	Address (If different from player)		Phone	Cell Phone	Occupation/Phone	
	Secondary Guardian: (Circle) Mother Father Other _____		Last Name		First Name:	
	Address: (If different from player)		Phone:	Cell Phone:	Occupation/Phone	

PLAYER HISTORY	Did Player Play Last Season? YES NO		Does Player Wish To Return To Same Team? (If not moving up a division) YES NO		Last Season's Team Color or Coach	
	Please list any comments or concerns you have about last season:					
	PLEASE LIST OTHER CHILDREN PLAYING IN MYSA					
	Name:	Age:	Team:	Name:	Age:	Team:
Name:	Age:	Team:	Name:	Age:	Team:	

CONSENT & WAIVER	I, the parent/guardian of the above named player, a minor, agree that I and the player 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 child 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 child. With the knowledge and understanding of the foregoing, this is to certify that my child 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 _____	

PARTIAL/FULL SCHOLARSHIPS AVAILABLE UPON REQUEST – LIMITED NUMBER AVAILABLE									
FEES/ UNIFORMS	FEE IS NON-REFUNDABLE					****REGISTRATION ENDS 8/1 AND 3/1****			
	DIVISION	REG. FEE	UNIFORM FEE	LATE FEE	AMOUNT PAID	LATE FEE APPLIED AFTER 7/15 FOR FALL & 2/15 FOR SPRING			
	U-6 & U-8	\$25.00	\$20.00	\$20.00		Uniforms are used fall and sprig seasons. Keep this in mind for sizes. PLEASE CIRCLE UNIFORM SIZE			
	U-10 & Up	\$35.00				YOUTH	SMALL	MEDIUM	LARGE
	TOTALS					ADULT	SMALL	MEDIUM	LARGE

APPLICATIONS WILL NOT BE ACCEPTED UNTIL PAYMENT & ALL DOCUMENTS ARE RECEIVED									
OFFICIAL USE ONLY	Birth Certificate On File	Y N	Payment Method: Cash Check# _____ Scholarship Requested		Date:	Age Division: U- Received By:		Team/Color:	