



Middletown Youth Soccer

Player Registration Form



<p>On-Line</p> <p>www.MiddletownYouthSoccerOhio.com</p> <p>Begins Jan 1st Ends: June 29th</p> <p>Save \$10-By registering online before the last Saturday in May</p>	<p>By Mail:</p> <p>Send registration with payment to: (Checks Only) Make checks out to MYSA</p> <p>MYSA PO BOX 1199 Middletown Ohio 45042</p>	<p>In Person:</p> <p>Saturdays Only Last Saturday in May to Last Saturday in June From 10 am to 2 pm At Smith Park Middletown Ohio Large Concession Stand</p>	<p>Late Sign up:</p> <p>\$20.00 per player additional fee for late sign-ups Registration received after June 30th will be placed on a waiting list.</p> <p>There is no guarantee of a team placement if you sign up late</p>
<p>Fee: Candy League \$65----Passer & Above \$75; A \$5 discount for each additional sibling. No refunds once uniforms are ordered</p> <p>Your child can only play for one District</p>			

PLAYER INFORMATION: Please Print Clearly

Child's First Name: _____ Last Name: _____ Gender: (M/F) _____

Address: _____ Date of Birth :(MM/DD/YYYY) _____

Email :(Required) _____ Use of Child's photo on website and Facebook: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Child resides with Who : _____ Emergency Contact & Phone #: _____

Do you wish siblings to play on same team? YES NO If yes, sibling's name: _____

Does your child have any physical limitations or allergies? YES NO If yes, please explain: _____

Would your employer be interesting in sponsoring a team? YES NO Name of Employer: _____

<p>Child's age as of January 1st</p> <p>_____</p> <p>Does the child play for:</p> <p>___ Select How many years ___</p> <p>___ Premier How many years ___</p> <p>IF INFORMATION IS FOUND TO BE FAULSE YOUR CHILD MAY BE SUBJECTED TO BE MOVED TO ANOTHER TEAM TO MAKE THE TEAMS FAIR. THE CHILD ALSO MAY BE REMOVED AND NOT BE ALLOWED TO PLAY IF THE SEASON HAS ALREADY STARTED.</p>	<p>UNIFORMS</p> <p><u>Late registrations are not guaranteed shirt sizes</u></p> <p>Shirt Size: Check one</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Youth X-Small</td></tr> <tr><td><input type="checkbox"/></td><td>Youth Small</td></tr> <tr><td><input type="checkbox"/></td><td>Youth Medium</td></tr> <tr><td><input type="checkbox"/></td><td>Youth Large</td></tr> <tr><td><input type="checkbox"/></td><td>Adult Small</td></tr> <tr><td><input type="checkbox"/></td><td>Adult Medium</td></tr> <tr><td><input type="checkbox"/></td><td>Adult Large</td></tr> <tr><td><input type="checkbox"/></td><td>Adult X-Large</td></tr> </table>	<input type="checkbox"/>	Youth X-Small	<input type="checkbox"/>	Youth Small	<input type="checkbox"/>	Youth Medium	<input type="checkbox"/>	Youth Large	<input type="checkbox"/>	Adult Small	<input type="checkbox"/>	Adult Medium	<input type="checkbox"/>	Adult Large	<input type="checkbox"/>	Adult X-Large	<p>ALL PARENTS READ ABOUT VOLUNTEERING</p> <p>Our program would not be successful if it were not for our volunteers. If you cannot volunteer to coach, we ask that all parents volunteer at least one hour helping during the season.</p> <p>Head Coach Assistant Coach</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Request to coach with: _____</p> <p>THIS SECTION IS FOR COACHING AND ASSISTANTS ONLY, THIS IS NOT FOR REQUESTING YOUR CHILD TO BE PLACED WITH A COACH</p>
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SAY National and MYSA Hold Harmless Agreement

We hereby agree that SAY, its members, coaches or officers shall not be liable for any injury or loss which my child/children may sustain while participating in activities of any kind whether sponsored by or under supervision of SAY and we agree to indemnify and to hold harmless SAY, its member, coaches, officers or designates of any kind of from any claim whatsoever.

We hereby agree that MYSA, its members, coaches or officers shall not be liable for any injury or loss sustained by my child/children while participation in activities of any kind, whether sponsored by or under supervision of MYSA. Also we agree to indemnify and hold harmless MYSA, its members, coaches, officers, sponsors or designate of any kind from and claim whatsoever.

Parent/Guardian Signature: _____ Date: _____

For MYSA Use Only:

Date Received: _____ **Amount Paid:** _____ **Check#:** _____ **Collector:** _____