



Michigan State Developmental Soccer League

Affiliate of USYSA and MSYSA

PLAYER REGISTRATION FORM

Name of Player: _____ Date of Birth: _____
First Last month/date/year (xx/xx/xxxx)

Street Address: _____

City/State/Zip: _____ Phone: _____

Previous Soccer Team Registered With: _____
Club Name Seasonal Year (ex: 2014-15)

I voluntarily agree to play soccer for the:

Club Name: _____

Team Name: _____ Gender (circle): Boys Girls

of the Michigan State Developmental Soccer League. I understand that signing this form binds me to the above named club for the entire seasonal year (fall/spring) unless an application for transfer is granted by the above named club, MSDSL and MSYSA.

Signature of Player: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Michigan State Developmental Soccer League 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 "Release" or otherwise.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

MSDSL TEAM AND CLUB OFFICIAL AUTHORIZATION

I understand that signing this form binds the above named club or association to the above named player for the entire seasonal year (both fall/spring) unless an application for the transfer to another club or league is approved by the Club, MSDSL and MSYSA.

I, as the Affiliating Team Official or Affiliating Club Official confirm documentation is on file with the Affiliating Club that certifies the player's age eligibility.

Signature of Coach/Team Official _____

Signature of Affiliating Club President or Registrar _____