

## ${\it MICHIGAN\ YOUTH\ SOCCER\ LEAGUE\ (MYSL)}$

affiliate michigan state youth soccer association (msysa usysa/ussf/fifa)  $PLAYER\,REGISTRATION\,FORM$ 

Photo

NAME OF PLAYER:	-	- F	§		26 W		
DATE OF BIDTH	FIRST		LAST			MIDDLE	
DATE OF BIRTH:	MONTH	DAY	YEAR	(please attach pro	of of birth if required	D)	
STREET ADDRESS:							
					_ 37		
CITY:	ZIP CODE:			PHON	E #:		
I voluntarily desire to play soccer for:				Cell Phone			
CLUB NAME	E: Pato's Mag	gic Soccer Club	)	— Call Dhana			
TEAM NAM	E:			Cell Phone		<del></del>	
AGE GROUP		Г ВОУ Г G	IRL				
PREVIOUSL	PREVIOUSLY REGISTERED WITH: TEAM NAME				AG	E GROUP:	
I understand that signin application for a transfe			med team for	the entire seasonal	year (Both Fall/Spr	ing) unless an	
GIGNIATURE OF P	T AZZED.				DATE.	6/17/17	
SIGNATURE OF P	LAIEK						
SIGNATURE OF P	ARENT OR (	GUARDIAN			DATE:	6/17/17	
Release, waive, dischar, administrators, directors advertisers, and if applicated assessing the properties of the properties of Parent Printed Name of Parent	s, agents, coaches cable, owners and ds; losses or dam art by the neglige or Guardian_	s, and other employ tleaser's of premise ages on account of nce of the "Release	ees of the org es used to con injury, includ e" or otherwis	nnization, other part duct the event, all of ng death or damage	icipants, sponsoring which are hereina s to property, cause Date 6/17/	g agencies, sponsors, fter, referred to as ed or alleged to be	
inderstand we may ess releases. All fe nail	es are nonre	fundable. Bou Jersey \$15 White T	nced Chec Email Sh shirt	ortsSoc_\$35 Hoodie	fee \$25 :ks \$5 Decal	_\$12 Socks	
ling Address:						Zip	
Amount	Cionatana					Data	
Amount	Signature					Date	