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| http://ww1.prweb.com/prfiles/2013/04/02/10568715/Screen%20Shot%202013-03-25%20at%204.31.49%20PM.png | Middletown Youth Soccer  Player Registration Form | | | | http://ww1.prweb.com/prfiles/2013/04/02/10568715/Screen%20Shot%202013-03-25%20at%204.31.49%20PM.png |
| On-Line  [www.MiddletownYouthSoccerOhio.com](http://www.MiddletownYouthSoccerOhio.com)  Begins Jan 1st  Ends: June 29th  Save $10-By registering online before the last Saturday in May | | | **By Mail:**  **Send registration with payment to:**  **(Checks Only)**  **Make checks out to MYSA**  **MYSA**  **PO BOX 1199**  **Middletown Ohio 45042** | **In Person:**  **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** | **Late Sign up:**  **$20.00 per player additional fee for late sign-ups**  **Registration received after June 30th will be placed on a waiting list.**  **There is no guarantee of a team placement if you sign up late** | |
| Fee: Candy League $65----Passer & Above $75; A $5 discount for each additional sibling. No refunds once uniforms are ordered  **Your child can only play for one District** | | | | | | |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Child’s age as of January 1st  \_\_\_\_\_  Does the child play for:  \_\_\_ Select How many years \_\_\_\_  \_\_\_ Premier How many years \_\_\_\_ | UNIFORMS  Late registrations are not guaranteed shirt sizes  Shirt Size: Check one   |  |  | | --- | --- | |  | Youth X-Small | |  | **Youth Small** | |  | **Youth Medium** | |  | **Youth Large** | |  | **Adult Small** | |  | **Adult Medium** | |  | **Adult Large** | |  | **Adult X-Large** | | ALL PARENTS READ ABOUT VOLUNTEERING  Our program would n to be successful if it weren’t for our volunteers. If you can’t volunteer to coach we ask that all parents volunteer at least one hour helping out during the season  Head Coach Assistant Coach  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request to coach with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  THIS SECTION IS FOR COACHING AND ASSISTANTS ONLY, THIS IS NOT FOR REQUESTING YOUR CHILD TO BE PLACED WITH A COACH |

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| SAY National and MYSA Hold Harmless Agreement  We herby agree that SAY, it’s 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, it’s member, coaches, officers or designates of any kind of from any claim whatsoever.  We herby 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_