



2027 SPRING SEASON PLAYER SIGNUP FORM

NW Youth Soccer Association

NWYSA, PO Box 202, Comstock Park, Michigan 49321



Player Age

Date Of Birth: _____ [Division Classification, Age As Of 31 July 2026, Example, If 8 As Of This Date, Then A Under 9 Player]

Division: Under 2/3/4: ☐ Under 4/5/6: ☐ Under 7/8/9: ☐ Under 10/11/12: ☐ Under 13/14/15: ☐

Player Info

Name: _____ Girl: ☐ Boy: ☐ Parent Names: _____

Address: _____ City: _____ Zip: _____

Phone/s: _____ School District: _____

Email/s: _____ Returning NW Player [Y/N]: _____

Player Fee

For Signup To Be Complete Both Form And Fee Must Be Received

Early Signup Period > If Signing-Up > October 19th Through January 24th > \$10 Discount

Under 2/3/4 Intro \$50: ☐ Under 4/5/6 \$60: ☐ Under 7/8/9 \$60: ☐ Under 10/11/12 \$85: ☐ Under 13/14/15 \$95: ☐

Regular Signup Period > If Signing-Up > January 25th Through March 14th

Under 2/3/4 Intro \$60: ☐ Under 4/5/6 \$70: ☐ Under 7/8/9 \$70: ☐ Under 10/11/12 \$95: ☐ Under 13/14/15 \$105: ☐

Late Signup Period > If Signing-Up > March 15th Through April 11th > Additional \$20

Under 2/3/4 Intro \$75: ☐ Under 4/5/6 \$85: ☐ Under 7/8/9 \$85: ☐ Under 10/11/12 \$110: ☐ Under 13/14/15 \$120: ☐

Date Form And Fee Are Both Received Determines If Your Signup Is Early, Regular, Or Late

Player Wear

Under 2-9 Player Team Shirt: YXS: ☐ YS: ☐ YM: ☐ YL: ☐ AS: ☐ AM: ☐ AL: ☐ AXL: ☐

Under 10-15 Player Team Uniform Set: Jersey [YS-AXXL]: _____ Short [YS-AXXL]: _____ Socks [S, M, L]: _____

> Optional Player Team Hoody [Can Be Worn As A Top In Games] [Under 2-9 Player Additional \$32] [Under 10-15 Player Additional \$39] Size: _____

Player Scheduling, Placement And Health

* Is there a weeknight, no more than 2, between Monday and Friday your child cannot practice? _____

* Is there a like age relative/friend, no more than 2, in preferred order, your child would like to be placed with on the same team, if possible? _____

* In your opinion what is this child's overall athletic and soccer ability? Beginner: _____ Average: _____ Skilled: _____

* Does your child have any health issues? _____

Parent Volunteer

Position: Head Coach: ☐ Assistant Coach: ☐ Team Manager: ☐ Program: ☐ Other: _____

Name: _____ Coach Team Top Size: _____ Email: _____

Team - Program Sponsor Find

Company: _____ Address: _____

Contact Person: _____ Phone: _____ Email: _____

[Sponsor's Jpeg Or Png Formatted Artwork, Form, And Donation, Must Be Received By March 14th]

Permission, Waiver And Release Of Liability

I hereby give my permission for my child or myself to participate in the activities of the NWYSA. In consideration for my child or myself being permitted to participate in the activities of the NWYSA on behalf of my child, myself, heirs, executors, administrators, subrogates, and assignors, I hereby release, waive and discharge the NWYSA and its departments, staff, coaches, managers, representatives, volunteers and their successors and assignors from any and all liability for personal or bodily injury, including death, resulting from any activity of the NWYSA, whether or not caused by the negligence of the NWYSA, to include that of the Walker Charter Academy and Alpine Township, and any other claim against these entities. In addition to granting permission for any photo or video of my child, myself or family to be used for NWYSA related purposes. I've read, agree to adhere to NWYSA policies and voluntary sign this permission, waiver, and release of liability:

Parent / Legal Guardian: _____ Date: _____

For Official Use Only

Date Rec'd: _____ Amount Paid: _____ Check #: _____ MO #: _____ PayPal #: _____