



2027 WINTER FUTSAL 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]

Player Info

Name: _____ Girl: ☐ Boy: ☐ Parent Names: _____
Address: _____ City: _____ Zip: _____
Phone/s: _____ School District: _____
Email/s: _____ Returning NW Player [Y/N]: _____

Player Fee

All Players (Signups Oct 19th Through Dec 20th): \$45

All Players (Signups Dec 21st Through Jan 10th): \$60

For Signup To Be Complete
Both Form And Fee Must Be Received
No Later Than December 20th

Player Jersey

YXS: ☐ YS: ☐ YM: ☐ YL: ☐ AS: ☐ AM: ☐ AL: ☐ AXL: ☐ AXXL: ☐

Player Health

Does Your Child Have Any Health Issues? _____

Parent Volunteer

Position: Coach: ☐ Team Manger: ☐ Name: _____

Coach Team Top Size: _____ Email: _____

Season Sponsor Find

Company: _____ Address: _____
Contact Person: _____ Phone: _____ Email: _____

[Sponsor's Jpeg Or Png Formatted Artwork, BW And/Or Color, Needs To Be Received By December 20th]

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 polices 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 - GoDaddy: _____