



2026 SUMMER PICKUP GAMES 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 2025, Example, If 8 As Of This Date, Then A Under 9 Player]

Division: 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

Under 10/11/12, Under 13/14/15: \$20

For Signup To Be Complete Both Form/Fee Must Be Received No Later Than June 28th

Player Shirt

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

Player Health

Does Your Child Have Any Health Issues? _____

Parent Volunteer

Position: Head Coach: _____ Assistant Coach: _____ Team Manger: _____ **Name:** _____

Coach Team Top Size: _____ **Email:** _____

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 #:** _____