



2025 FALL 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 2025, Example, If 8 As Of This Date, Then A Under 9 Player]

Division: Under 2/3/4 Intro: ___ 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 > May 19th Through June 15th > \$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 > June 16th Through August 10th

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 > August 11th Through September 7th > Additional \$20

Under 2/3/4 Intro \$80: ___ Under 4/5/6 \$90: ___ Under 7/8/9 \$90: ___ Under 10/11/12 \$115: ___ Under 13/14/15 \$125: ___

Date Form And Fee Are Both Received Determines If 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-AXL]: ___ Short [YS-AXL]: ___ Socks [S, M, L]: ___

> Optional Player Team Hoody [Can Be Worn As A Top In The 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, BW And Color, Needs To Be Rec'd 21 Days In Advance Of The First Game Or Just Sponsor's Name Will Be On The Team Tops]

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 #: _____