



# MERCER YOUTH SOCCER ASSOCIATION

www.merceryouthsoccer.org

**ATHLETES FIRST, WINNING SECOND**

RECREATIONAL REGISTRATION FOR  
**FALL** OR **SPRING** YEAR: \_\_\_\_\_

## HOW WILL YOU HELP?

MYSA is a non-profit organization which requires adult participation. **PLEASE, CONSIDER CHECKING ONE OR MORE.**

NAME: \_\_\_\_\_

Coach

Board Member

Asst. Coach

Referee

### PLAYER 1:

FIRST NAME:	PREFERRED NAME:
LAST NAME:	
DATE OF BIRTH:	MALE FEMALE
SCHOOL:	GRADE:
LIST ANY MEDICAL CONDITIONS OR CONCERNS:	
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:	
DID PLAYER PLAY LAST SEASON? YES NO	LAST SEASON'S TEAM COACH/DIVISION:
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO	
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO	
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]	
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL	

### PLAYER 2:

FIRST NAME:	PREFERRED NAME:
LAST NAME:	
DATE OF BIRTH:	MALE FEMALE
SCHOOL:	GRADE:
LIST ANY MEDICAL CONDITIONS OR CONCERNS:	
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:	
DID PLAYER PLAY LAST SEASON? YES NO	LAST SEASON'S TEAM COACH/DIVISION:
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO	
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO	
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]	
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL	

Uniforms are used fall and the following spring seasons. Keep this in mind for sizes.

### PLAYER 3:

FIRST NAME:	PREFERRED NAME:
LAST NAME:	
DATE OF BIRTH:	MALE FEMALE
SCHOOL:	GRADE:
LIST ANY MEDICAL CONDITIONS OR CONCERNS:	
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:	
DID PLAYER PLAY LAST SEASON? YES NO	LAST SEASON'S TEAM COACH/DIVISION:
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO	
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO	
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]	
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL	

### PLAYER 4:

FIRST NAME:	PREFERRED NAME:
LAST NAME:	
DATE OF BIRTH:	MALE FEMALE
SCHOOL:	GRADE:
LIST ANY MEDICAL CONDITIONS OR CONCERNS:	
HAS PLAYER EVER SUFFERED A CONCUSSION? IF SO, HOW MANY TIMES & WHEN?:	
DID PLAYER PLAY LAST SEASON? YES NO	LAST SEASON'S TEAM COACH/DIVISION:
IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO	
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO	
CIRCLE UNIFORM SIZE: [Youth= # sizes, A=Adult]	
3 4-5 6 7-8 10-12 14-16 AS AM AL AXL	

Uniforms are used fall and the following spring seasons. Keep this in mind for sizes.

FOR ADDITIONAL CHILDREN USE ANOTHER FORM.

OVER >>>>>

PLAYERS' ADDRESS:		CITY:		ZIP:	
PLAYERS' PHONE NUMBER:		TEXT: Y N	FAMILY E-MAIL (MYSA'S PREFERRED WAY OF CONTACT):		
DOCTOR:		DOCTOR'S PHONE NUMBER:			
PRIMARY GUARDIAN (FIRST ONE CONTACTED):		FIRST NAME:		LAST NAME:	
MOTHER FATHER OTHER _____					
ADDRESS OR EMAIL (IF DIFFERENT FROM PLAYER):		HOME PHONE:	CELL PHONE:	TEXT: Y N	WORK PHONE:
SECONDARY GUARDIAN:		FIRST NAME:		LAST NAME:	
MOTHER FATHER OTHER _____					
ADDRESS OR EMAIL (IF DIFFERENT FROM PLAYER):		HOME PHONE:	CELL PHONE:	TEXT: Y N	WORK PHONE:
EMERGENCY CONTACT (SOMEONE OTHER THAN PARENT):		PHONE:		RELATIONSHIP:	

PARTIAL SCHOLARSHIPS ARE AVAILABLE UPON REQUEST AND AFTER A VOTE BY THE MYSA BOARD - LIMITED NUMBER AVAILABLE

**FEES ARE NON-REFUNDABLE**

PLAYER 1:		PLAYER 2:		PLAYER 3:		PLAYER 4:		TOTAL:	
U6-U8 \$75.00		U6-U8 \$75.00		U6-U8 \$75.00		U6-U8 \$75.00		1:	
U10-U14 \$85.00		U10-U14 \$85.00		U10-U14 \$85.00		U10-U14 \$85.00		2:	
								3:	
LATE FEE \$20		LATE FEE \$20		LATE FEE \$20		LATE FEE \$20		4:	
SUBTOTAL:		SUBTOTAL:		SUBTOTAL:		SUBTOTAL:			

**APPLICATIONS WILL NOT BE ACCEPTED UNTIL PAYMENT & ALL DOCUMENTS ARE RECEIVED**

I, the parent/guardian of the players on this form, minors, agree that I and the players will abide by the rules of MYSA, KYSA, & US Youth Soccer. I also recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Mercer Youth Soccer Association (MYSA) permitting my children to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, MYSA, its Board of Directors, coaches, referees, and other such volunteers as are connected with MYSA in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury to or caused by my children. With the knowledge and understanding of the foregoing, this is to certify that my children has my permission to play soccer in the MYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

PARENT/GUARDIAN  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOT VALID WITHOUT SIGNATURE

PRINT NAME: \_\_\_\_\_ RELATIONSHIP TO PLAYER(S): \_\_\_\_\_

OFFICIAL USE ONLY	AGE DIVISION:	1 & U	2 & U	3 & U	4 & U	PAYMENT METHOD:	RECEIVED BY:
	NEW DIV.:	Y N	Y N	Y N	Y N	CASH CC CHECK # _____	
	BIRTH CERT.	Y N	Y N	Y N	Y N	SCHOLARSHIP REQUESTED	DATE:

