



# 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. <b>PLEASE, CONSIDER CHECKING ONE OR MORE.</b>			
NAME: _____			
Coach	<input type="checkbox"/>	Board Member	<input type="checkbox"/>
Asst. Coach	<input type="checkbox"/>	Referee	<input type="checkbox"/>

### 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 (MYSAs 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 MYSAs BOARD - LIMITED NUMBER AVAILABLE

**FEES ARE NON-REFUNDABLE**

PLAYER 1:	PLAYER 2:	PLAYER 3:	PLAYER 4:	TOTAL:
U6 - U8 \$50	U6 - U8 \$50	U6 - U8 \$50	U6 - U8 \$50	1:
U10 - U14 \$60	U10 - U14 \$60	U10 - U14 \$60	U10 - U14 \$60	2:
UNIFORM \$25	UNIFORM \$25	UNIFORM \$25	UNIFORM \$25	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 MYSAs, 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 (MYSAs) 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, MYSAs, its Board of Directors, coaches, referees, and other such volunteers as are connected with MYSAs 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 MYSAs 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: CASH CC CHECK # _____	RECEIVED BY:
	NEW DIV.:	Y N	Y N	Y N	Y N		SCHOLARSHIP REQUESTED
	BIRTH CERT.	Y N	Y N	Y N	Y N		