



**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	Board Member	
Asst. Coach	Referee	

PLAYER'S FIRST NAME:		PREFERRED NAME:		DID PLAYER PLAY LAST SEASON? YES NO		LAST SEASON'S TEAM COACH/DIVISION:	
PLAYER'S LAST NAME:		DATE OF BIRTH:		IF RETURNING TO THE SAME DIVISION, DOES PLAYER WISH TO RETURN TO SAME TEAM? YES NO			
MALE	FEMALE	PLAYER'S ADDRESS:		CITY:		ZIP:	
PLAYER'S PHONE NUMBER:		TEXT: Y N	FAMILY E-MAIL (SYSTEM REQUIRED & MYSA'S PREFERRED WAY OF CONTACT):				
LIST ANY MEDICAL CONDITIONS OR CONCERNS:				DOCTOR:		DOCTOR'S PHONE #:	
HAS PLAYER EVER BEEN RENDERED UNCONSCIOUS OR SUFFERED A CONCUSSION? YES NO				IF SO, HOW MANY TIMES & WHEN?			
COUNTRY OF BIRTH:			COUNTRY OF CITIZENSHIP:			HAS PLAYER PLAYED OUTSIDE OF THE U.S.? YES NO	
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:	

TIAL SCHOLARSHIPS ARE AVAILABLE UPON WRITTEN REQUEST/EXPLANATION & AFTER A VOTE BY THE MYSA BOARD - LIMITED NUMBER AVAIL

**FEES ARE NON-REFUNDABLE**

U6-U8	U10-U14	LATE FEE	TOTAL
\$75.00	\$85.00	\$20.00	

**CIRCLE UNIFORM SIZES:** [Youth= # sizes, A=Adult] **SOCKS:** Y Jr A  
**SHIRT:** 3 4-5 6 7-8 10-12 14-16 AS AM AL AXL A2X A3X  
**SHORTS:** 3 4-5 6 7-8 10-12 14-16 AS AM AL AXL A2X A3X

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

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

I, the parent/guardian of the player on this form, a minor, agree that I and the player 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 child 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 child. With the knowledge and understanding of the foregoing, this is to certify that my child 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:** \_\_\_\_\_

OFFICIAL USE ONLY	BIRTH CERTIFICATE ON FILE Y N	PAYMENT METHOD: CASH CC CHECK # _____ SCHOLARSHIP REQUESTED	DATE:	AGE DIVISION: _____ & U NEW DIV.: Y N
				RECEIVED BY: