



Midwest Youth Soccer League

Fall 2008



Player's Name: _____ School: _____

Boy: _____ Girl: _____ Age: _____ Birthdate: _____ Grade: _____
If asked you must provide birth certificate Entering this Fall

Address (PO Box #): _____ City & Zip: _____

Home Phone #: _____ Cell #: (mom) _____ (dad) _____

Email Address: (mom) _____ (dad) _____

Shirt Size (check one): YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Has the player played soccer in the past? YES _____ NO _____
 If yes, how many years _____ Where _____

Does the player wear glasses? YES _____ (Sign below) NO _____

Does the player have braces? YES _____ (MYSL recommends wearing a mouth guard) NO _____

Does the player have a sibling playing in the same grade group? YES ___ NO ___

If yes who? _____

Sibling's age group (circle one): PRE-K K-1 2-3 4-5 6-7-8

Does the player have any medical problems that MYSL should be aware of? _____

Payment is \$40 per player. Method of payment: CHECK _____ CASH _____
(Make checks out to MYSL)

I/we hereby agree that Midwest Youth Soccer League (MYSL), its members, coaches, officers, or those members coaches, or officers of any organization to which MYSL is affiliated, shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of MYSL or any other organization to which MYSL has a affiliation. We further agree to indemnify and hold harmless, MYSL, or any affiliated organization, its members, coaches, officers, or designates of any kind, from any claim what so ever.

I understand that this is a program of volunteers and to have my child participate, I will volunteer my time if needed and requested by MYSL so that games are not forfeited due to lack of parental involvement.

Parent/ Guardian Signature: _____

Players with eyeglasses

I/we have been informed by Midwest Youth Soccer League (MYSL) of the safety risk involved in wearing glasses while participating in MYSL activities.

I/we hereby agree that Midwest Youth Soccer League (MYSL), its members, coaches, officers, or those members coaches, or officers of any organization to which MYSL is affiliated, shall not be liable for any injury or loss which my child/children may sustain from the need to wear eyeglasses while participating in activities of any kind, whether sponsored by, or under the supervision of MYSL or any other organization to which MYSL has a affiliation. We further agree to indemnify and hold harmless, MYSL, or any affiliated organization, its members, coaches, officers, or designates of any kind, from any claim what so ever.

Parent/ Guardian Signature: _____

Office Use Only:

Paid Cash _____ Check # _____ Grade _____ Shirt Size: _____