



Maryland State Youth Soccer Association

# MEMBERSHIP AND PLAYER REGISTRATION

(06 / 2006)



PLAYER ID #

PRIMARY

MULTIPLE ROSTER

LEAGUE ONLY

Date of Birth

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

M F

Month

Day

Year

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Residence Address (If Different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
E-Mail Address (see note at right)

**E-Mail is for MSYSA  
Internal Use Only**

**1B**

**MD**

\_\_\_\_\_  
Region

\_\_\_\_\_  
State

\_\_\_\_\_  
League

\_\_\_\_\_  
Club

\_\_\_\_\_  
Club #

**Zurdo Soccer Academy**

\_\_\_\_\_  
Team

**U** —

\_\_\_\_\_  
Age Group

Trvl

Rec

\_\_\_\_\_  
Team #

### Player Affiliation with Other Teams

I am not

rostered to any other teams, or I am

rostered to the following other teams:

\_\_\_\_\_  
Club & Team

\_\_\_\_\_  
League

\_\_\_\_\_  
Age

\_\_\_\_\_  
\*Status

\_\_\_\_\_  
State Cup  
Play (Yes/No)

(\*Status: **P**: Primary; **M**: Multiple Roster; **L**: League Only)

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

In Emergency, Contact \_\_\_\_\_

Phone \_\_\_\_\_

Doctor to Notify \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance: Company \_\_\_\_\_

Policy# \_\_\_\_\_

OR

(MUST BE COMPLETED)

No Insurance

I, \_\_\_\_\_, the parent  /legal guardian  of \_\_\_\_\_, who is \_\_\_\_\_

years old, give my permission for him / her to play soccer. I am aware of the fact that soccer is a physically demanding sport in which injuries may occur. In my opinion my son / daughter is physically able to play soccer.

**I AFFIRM THAT ALL INFORMATION ABOVE REGARDING MY SON / DAUGHTER IS COMPLETE AND CORRECT.**

**I HAVE RECEIVED AND READ THE ACCOMPANYING PAGE TO THIS FORM WHICH DESCRIBES PLAYER RIGHTS.**

**I AGREE TO UPHOLD AND BE BOUND BY MSYSA AND USYSA BYLAWS, POLICIES AND PROCEDURES**

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THIS COPY FOR:

TEAM

TEAM REGISTRAR

MSYSA OFFICE

\_\_\_\_\_