



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED
MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

SOCCER MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(INSERT CHILD'S NAME)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: _____

Address: _____

Relationship: _____

City/State/Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Name of Insurance Company: _____

Agent: _____

Policy Number: _____ Type: _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

- 1. Coach.
- 2. Assistant Coach/Manager
- 3. Team Parent
- 4. A league representative where my child is playing
- 5. Any tournament representative where my child is participating in a US Youth sanctioned tournament.

In case I cannot be reached, please call _____ at _____

Our Physician's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hospital: _____

Known Allergies: _____

Known Disabilities: _____

Other Important Medical Information: _____

Signature of Parent/Guardian & Date: _____

Subscribed and sworn to before me this _____ day of _____

NOTARY PUBLIC: _____ My commission expires: _____

WESTERN SUBURBAN SOCCER LEAGUE

PLAYER REGISTRATION FORM - Fall 20____ / Spring 20____

(PLEASE ATTACH ALL INFORMATION.)

- Include a proof of age (i.e., copy of birth certificate, alien registration card, drivers license, etc.)

Name _____
LAST FIRST MIDDLE

Address _____ Date of Birth _____
MONTH DAY YEAR

City _____ State _____ Zip _____ Phone (____) _____ - _____

I voluntarily desire to play soccer for the _____
AFFILIATING CLUB or ASSOCIATION TEAM NAME

competing in the **Western Suburban Soccer League (WSSL)**. I understand that signing this form binds me to the above named team for the entire seasonal year (both Fall/Spring) unless an application for the transfer to another league is granted on the approved MSYSA Transfer Form by the MSYSA. Transfers between WSSL Select Teams will NOT be accepted.

Signature of Player X _____ Date _____

Signature of Parent/Guardian X _____ Date _____

I understand that signing this form binds the above named team to the above named Player for the entire seasonal year (both Fall/Spring) unless an application for the transfer to another league is granted on the approved MSYSA Transfer Form by the MSYSA, (transfers between WSSL Select Teams will NOT be accepted) and also guarantees playing time for each and every game according to the WSSL Rules and Regulations.

Signature of Coach/Team Official X _____ Date _____

Signature of Affiliating Club President or Club Registrar X _____ Date _____

WESTERN SUBURBAN SOCCER LEAGUE Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in WSSL sanctioned soccer activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe non-economic and economic losses which might result not only from their own actions and/or inactions, but the negligence of others, the rules of play, or the condition of the premises or of any equipment used, and acknowledges further, that there may be other risks not known or not reasonably foreseeable at this time;
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
3. Releases, waives, discharges and covenants not to sue the WSSL, its member Associations, affiliated clubs, or teams and their respective administrators, directors, agents coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter, referred to as "Releasees" from demands; losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise;
4. Agrees, in further consideration for my child's participation, to hold harmless and indemnify the "Releasees" for any injury resulting from my child's conduct in the program; and
5. Agrees to accept and abide by all the rules, regulations, code of conduct and policies stated by WSSL.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian X _____ Date _____



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PLAYER'S CODE OF CONDUCT AGREEMENT

General Guidelines:

Players are expected to conduct themselves at all times in a manner, which is in keeping with representing Michigan State Youth Soccer Association (MSYSA), and will not bring discredit upon the Association. When traveling and representing MSYSA, each player is expected to dress appropriately as befits representing MSYSA or as directed by the Coach/Administrator.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws are required for participation in this program.

Discipline Rules:

1. Substance use and/or possession thereof (drugs, alcohol, and/or tobacco) is cause for immediate dismissal from the program.
Note: It is your responsibility to prevent situations from occurring and avoiding situations that occur. Don't allow **anyone**, including your roommates, to bring these substances into your room. You should leave any time substances are present! You must take total responsibility for your actions.
2. Irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program and could affect player's future participation.

Responsibility:

I, _____ will conduct myself in a manner respecting the facilities, other players, referees, and coaching and administrative staff of the MSYSA while I am participating in the State, Regional and National Programs. Further, I understand that if I am found to be using or in the possession of drugs or alcohol or in violation of the MSYSA and/or the hosting organization's rules and regulations that this shall result in my immediate ejection from the program. I understand and accept the fact that if dismissed from the program or an event while traveling, I may be sent home immediately at my parents' expense by whatever means is most convenient for the program administrator. Further, if I am dismissed from the program or event, I understand program or event fees will **not** be reimbursed.

We, the undersigned, have read, understand and agree to abide by the guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.

Player's Signature

Date

Parent or Legal guardian's Signature

Date