

Uniform Ordering – Please Circle Below

Jersey – (Circle): Adult Small Medium Large XLarge XXLarge

Shorts - (Circle): Adult Small Medium Large XLarge

Jersey Youth: X Small Small Medium Large

Shorts Youth: Small Medium Large

Socks – (Circle) Youth Junior Adult



Completed by League Representative

Amount Pd _____ How many reg _____

Circle - Cash - Check or Money order # _____

Notes:

Marysville Youth Soccer Association - In Coordination with Marysville Recreation Department

Player Information (Please Print)

Last Name: _____ First _____ Nick Name _____ Boy or Girl Home Phone # _____

Address: _____ City _____ Zip Code _____ Birthdate _____ Age (as of Dec 1) _____

Playing Level: U4 U6 U8 U10 Junior High Years of playing experience _____ Special Notes: _____

Parents or Legal Guardian Information (Please Print)

With whom does the minor child reside? _____ relationship _____ cell phone _____

Is anyone else legally responsible? Y N (If yes please list name and contact number) _____

Alternate Emergency Contact: _____ relationship _____ telephone _____

Email address: _____ Medical Notes/Allergies: _____

_____ I may be interested in coaching or helping with the soccer association in some other way. please contact me for additional information.

Insurance Information

Named Contract Holder _____ Insurance Carrier _____

Contract or ID number _____ Group number _____ Telephone number: _____

ASSUMPTION OF RISK: I agree and understand that the M.Y.S.A. and its volunteers and any sponsoring entity, City or City Recreation Department and it's employees, are released from and assume no responsibility for any injury, property damage or loss that may be suffered during the Outdoor and/or Indoor Soccer Program, or on the M.Y.S.A. sponsored premises by the participant and/or parent or guardian and that the participant and/or guardian assumes all risk for personal injury, loss or damage to property. I, the Parent or Legal Guardian of the above listed minor, on behalf of myself and the minor, acknowledge that participation in soccer involves but is not limited to, contact with force, adverse field conditions, risk of bruises, strains, sprains, torn muscles, torn ligaments and broken bones. There can be a permanent physical injury. Concussions, brain damage, nerve and spinal cord injuries can be permanent paralysis and/or even result in death. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately.

CONCENT: On behalf of myself and the above player/minor and/or spouse and/or my/our heirs, I hereby agree to not hold M.Y.S.A. and the City Recreation Department of Marysville, it's employees, volunteers, officials, and sponsors, legally liable for any and all claims, costs, expenses and compensation arising out of any physical injury that can result to the above minor while participating in the M.Y.S.A. We hereby release the other participant, sponsoring agencies, advertisers and if applicable owners and lessors of the premises used to conduct the event (Releases), with respect to any and all injury, disability or death, or loss or damage to person or property incident to my child's involvement or participation in these programs. Whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. On behalf of myself, my spouse, my child and our heirs assigns, personal representatives and next of ken, I hereby indemnify and hold harmless all of the above releases from any and all liabilities incident to my involvement or participation in the program, even if arising from their negligence to the fullest extent permitted by law.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, ASSUMPTION OF RISK, AND CONCENT TO ALL AGREEMENTS. I FULL HAVE READ AND UNDERSTAND ALL OF THE TERMS LISTED. I AND THE ABOVE PLAYER/MINOR HAVE GIVEN UP ALL AND ANY RIGHTS TO ANY LEGAL COMPENSATION, CLAIMS, COSTS OR EXPENSES. BY SIGNING THIS FORM I AM ASSUMING ALL RISK AND AGRE TO ALL THE TERMS SET FORTH ABOVE.

All returned checks will be subject to all incurred bank fees and costs.

Please Initial if you agree: _____ I have received a copy and agree to accept and comply with the Parents Code of Conduct.

Please Initial if you agree: _____ If coaching, I have received a copy and I agree to accept and comply with the Coaches Code of Conduct.

Parent/Guardian Signature: _____ Date _____ Witness: _____

(over)

Marysville Youth Soccer Association



MYSA Photograph, Video and Name Consent and Release

Player's Name _____

I hereby consent to the use of my child's name, Photograph and/or Video by Marysville Youth Soccer Association (MYSA) website, MYSAMI.org and any printed materials for circulation distributed by MYSA.

In signing this form I understand I am not entitled to any form of compensation.

I am the parent or legal guardian of _____ and hereby execute this consent and release for my child.

Parents Signature

Date

Parents Printed Name