



2019 FALL SEASON PLAYER SIGNUP FORM

NW Youth Soccer Association

NWYSA, PO Box 202, Comstock Park, Michigan 49321



Player Age

Date Of Birth: _____ [Division Classification, Age As Of July 31st 2019, Example, If 8 As Of This Date, Then Under 9 Player]
Division: Under 2/3/4 Intro: _____ Under 4/5/6: _____ Under 7/8/9: _____ Under 10/11/12: _____ Under 13/14/15: _____

Player Info

Name: _____ **Girl:** _____ **Boy:** _____ **Parents Names:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone/s: _____ **School:** _____
Email/s: _____ **Returning NW Player [Y/N]:** _____

Player Fee

[Date Form And Fee Are Both Sent, Determines If The Signup Is Early, Regular Or Late]

Early Signup Period > If Signing-Up May 20th Through June 16th > \$10 Discount

Under 2/3/4 Intro \$30: _____ Under 4/5/6 \$40: _____ Under 7/8/9 \$40: _____ Under 10/11/12 \$65: _____ Under 13/14/15 \$75: _____

Regular Signup Period > If Signing-Up June 17th Through August 11th

Under 2/3/4 Intro \$40: _____ Under 4/5/6 \$50: _____ Under 7/8/9 \$50: _____ Under 10/11/12 \$75: _____ Under 13/14/15 \$85: _____

Late Signup Period > If Signing-Up August 12th Through August 25th > Under 3-9 Add \$10 Or Under 10-15 Add \$15

Under 2/3/4 Intro \$50: _____ Under 4/5/6 \$60: _____ Under 7/8/9 \$60: _____ Under 10/11/12 \$90: _____ Under 13/14/15 \$100: _____

[Discount Offers, Go To Website For Details]

[August 26th Through September 15th, Contact The NWYSA Before Signing-Up]

Player Wear

Under 2-9 Player Team Shirt: YXS: _____ YS: _____ YM: _____ YL: _____ AS: _____ AM: _____ AL: _____ AXL: _____
Under 10-15 Player Team Uniform Set: Jersey [YM-AXL]: _____ Short [YM-AXL]: _____ Socks [S, M, L]: _____
Optional Under 2-15 Player Team Hoody [Can Be Worn As Team Top In Game] [Additional \$27] [Size]: _____

Player Scheduling, Placement And Health

- * Is there a weeknight, no more than 2, between Monday and Thursday your child cannot practice? _____
- * Is there a relative or friend, no more than 2, in preferred order, your child would like to be placed with on the same age team, if possible? _____
- * In your opinion what is this child's overall athletic and soccer ability? Beginner: _____ Average: _____ Skilled: _____
- * Does your child have any health issues? _____

Parent Volunteer

Position: Head Coach: _____ Assistant Coach: _____ Team Manager: _____ Program: _____ Other: _____
Name: _____ **HC Requested Practice Nights [At Least 2]:** Mon: _____ Tue: _____ Wed: _____ Thur: _____
Coach Team Top Size: _____ **Relationship To Child:** _____ **Email:** _____

Team - Program Sponsor Find

Company: _____ **Address:** _____
Contact Person: _____ **Phone:** _____ **Email:** _____
[Sponsor's Jpeg Formatted Artwork, B/W And Color, Needs To Be Rec'd 21 Days In Advance Of The First Game Or Just The Sponsor's Name Will Be Printed On Team Tops]

Permission, Waiver And Release Of Liability

I hereby give my permission for my child or myself to participate in the activities of the NWYSA . In consideration for my child or myself being permitted to participate in the activities of the NWYSA on behalf of my child, myself, heirs, executors, administrators, subrogates and assignors, I hereby release, waive and discharge the NWYSA and its departments, staff, coaches, managers, representatives, volunteers and their successors and assignors from any and all liability for personal or bodily injury, including death, resulting from any activity of the NWYSA , whether or not caused by negligence of the NWYSA. In addition to granting permission for any picture of my child, myself or family to be used for NWYSA related purposes. I've read, agree to adhere to NWYSA policies and voluntary sign this permission, waiver and release of liability:

Parent / Legal Guardian: _____ **Date:** _____

For Official Use Only

Date Rec'd: _____ **Amount Paid:** _____ **Check #:** _____ **MO #:** _____ **PayPal #:** _____