

Hyattsville- Mount Rainier- Brentwood Boys & Girls Club
& Northern County Soccer Alliance

2005 Winter Brazilian Indoor Soccer at
Hyattsville Elementary School
December 3, 2005 – February 28, 2006

Soccer Registration Form

Each Session Costs \$35, select one session below (or two for \$70)

U6*, U7, U8 Saturday	10:00 – 11:00 AM	\$35	_____
U6*, U7, U8 Saturday	11:00 – 12:00 PM	\$35	_____
U8, U9, U10 Tuesdays	6:30 – 7:30 PM	\$35	_____
U8, U9, U10 Fridays	6:30 – 7:30 PM	\$35	_____
U11, U12, U13 Tuesdays	7:30 – 8:30 PM	\$35	_____
U11, U12, U13 Fridays	7:30 – 8:30 PM	\$35	_____
Total Fee Paid			\$ _____

U6 Advanced U6 players. U6, U7, U8 play 4 v 4 and U11, U12, U13 play 5 v 5. Each session is limited to 20 to 22 players to insure that every player has plenty of playing time.

Make check payable to **NCSA** and indicate **Child's name and Soccer on Check Memo line**, indicate telephone number if not printed on check, Check No: _____. Staple Check to Registration Form.

Or Follow the Steps and Register On Line at WWW.HMBSOCCER.ORG

Turn Over And Complete Form



Maryland State Youth Soccer Association

MEMBERSHIP AND PLAYER REGISTRATION

(07/2001)



PLAYER SSN or ID#

SSN/ID# input boxes

PRIMARY

checkbox

MULTIPLE ROSTER

checkbox

LEAGUE ONLY

checkbox

Date of Birth

Name and birth date input fields

Mailing Address input fields

Residence Address input fields

County and E-Mail Address input fields

E-Mail is for MSYSA Internal Use Only

1B Region, MD State, League, Club, Team, Age Group, Trvl, Rec, Team #

Player Affiliation with Other Teams section

Emergency contact information fields

OR (MUST BE COMPLETED)

No Insurance checkbox

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 and Date fields

THIS COPY FOR: checkboxes for TEAM, TEAM REGISTRAR, MSYSA OFFICE