

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

Registration Form

2005 Winter Brazilian Indoor Soccer at
Hyattsville Elementary School

December 5, 2006 – March 1, 2007

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

U8, U9, U10 Tuesdays	6:30 – 7:30 PM	\$35	_____
U8, U9, U10 Thursdays	6:30 – 7:30 PM	\$35	_____
U11, U12, U14 Tuesdays	7:30 – 8:30 PM	\$35	_____
U11, U12, U14 Thursdays	7:30 – 8:30 PM	\$35	_____
Total Fee Paid		\$	_____

U8 - U14 play 5 v 5. Each session is limited to 20 to 22 players to insure that every player has plenty of playing time. **Shin guards and non marking sneakers are mandatory.**

Bring Registration form and check to the session of your choice. Space is limited. Make check payable to **NCSA**, indicate **Child's name and Soccer on Check Memo line and** telephone number if not printed on check,. Staple Check to Registration Form. Make sure to fill out both sides.

Turn Over And Complete Form

Check No: _____



Maryland State
Youth Soccer
Association

MEMBERSHIP AND PLAYER REGISTRATION
(06 / 2006)



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** **PGSL** _____ Club
Region State League

_____ Team **U** — _____ Age Group **X** Rec

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 _____