

## 2023 Spring SEASON PLAYER SIGNUP FORM NW Youth Soccer Association



NWYSA, PO Box 202, Comstock Park, Michigan 49321

TWO TOA, 1 O BOX 202, Constook 1 ark, michigan 43021
Player Age         Date Of Birth:
Player Info Name: Girl: Boy: Parents Names: City: Zip: Phone/s: School: Returning NW Player [Y/N]:
Player Fee [Date Form And Fee Are Both Sent, Determines If The Signup Is Early, Regular Or Late]
Carly Signup Period   If Signing-Up October 24th - January 29th   \$10 Discount
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 Player Team Hoody [Can Be Worn As Team Top In Games] [Additional \$29]:
Player Scheduling, Placement And Health  * Is there a weeknight, no more than 2, between Monday and Friday your child cannot practice?  * Is there a like age relative/friend, no more than 2, in preferred order, your child would like to be placed with on the same 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: Coach Team Top Size: Email:
Team - Program Sponsor Find  Company: Address:  Contact Person: Phone: Email:  [Sponsor's Jpeg Or Png Formatted Artwork, BW And Color, Needs To Be Rec'd 21 Days In Advance Of The First Game Or Just Sponsor's Name Will Be On The 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 the negligence of the NWYSA, to include that of the Walker Charter Academy and Alpine Township, and any other claim against these entities. In addition to granting permission for any photo or video of my child, myself or family to be used for NWYSA related purposes. I've read, agree to adhere to NWYSA polices and voluntary sign this permission, waiver, and release of liability:  Parent / Legal Guardian:

For Official Use Only

 Date Rec'd: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_ MO #: \_\_\_\_\_ PayPal #: \_\_\_\_\_