



2024 WINTER 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 31 July 2023, Example, If 8 As Of This Date, Then A Under 9 Player]

Player Info

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

Player Fee

All Age Players: **\$10**

(Mail In Check/Money Order Payable To The NWYSA To Above Listed Address, Or Use The Online Donation Support Option To Pay The Player Fee, Located At The Bottom Of The Website's Home Page)

Availability

Check Which Dates You Plan To Participate. Notify The NWYSA ASAP Should You Availability Change Before Or During The Season.



- January 20th February 10th
- January 27th February 17th
- February 3rd February 24th



Placement & Health Issues

- * Is there a player/s your would like to be placement with if possible? _____
- * Does your player have a health issue/s? _____

Parent Volunteer

Position: Head Coach: _____ Assistant Coach: _____ Name: _____
Email: _____

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, Alpine Township, Let's Play, 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: _____ Date: _____

For Official Use Only

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