



# 2024 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 31 July 2024, Example, If 8 As Of This Date, Then A 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:** \_\_\_ **Parent Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone/s:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Email/s:** \_\_\_\_\_ **Returning NW Player [Y/N]:** \_\_\_\_\_

### Player Fee

**For Signup To Be Complete Both Form And Fee Must Be Received**

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

Under 2/3/4 Intro \$45: \_\_\_ Under 4/5/6 \$55: \_\_\_ Under 7/8/9 \$55: \_\_\_ Under 10/11/12 \$80: \_\_\_ Under 13/14/15 \$90: \_\_\_

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

Under 2/3/4 Intro \$55: \_\_\_ Under 4/5/6 \$65: \_\_\_ Under 7/8/9 \$65: \_\_\_ Under 10/11/12 \$90: \_\_\_ Under 13/14/15 \$100: \_\_\_

#### Late Signup Period > If Signing-Up Aug 12th - Sept 8th > Under 2-9 Player Additional \$10, Under 10-15 Player Additional \$15

Under 2/3/4 Intro \$65: \_\_\_ Under 4/5/6 \$75: \_\_\_ Under 7/8/9 \$75: \_\_\_ Under 10/11/12 \$105: \_\_\_ Under 13/14/15 \$115: \_\_\_

**Date Form And Fee Are Both Received Determines If Signup Is Early, Regular ,Or Late**

### 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 A Top In The Games] [Under 2-9 Player Additional \$29] [Under 10-15 Player Additional \$36] Size: \_\_\_\_\_

### 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Official Use Only

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