



Membership and Player Registration



Sex: M F Birth date: / /

Last Name First Name

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

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 _____

Please circle any days the child CANNOT attend a practice: M Tu W Th F
 Please circle those days you PREFER to attend a practice: M Tu W Th F
 (note: we will try to accommodate your schedule and needs as best we can, but please be flexible)
 Other considerations (practice times, coach request, etc. - please list): _____

Intramural Fall 2017 Soccer payment: \$50 Grade _____ Age _____

Authorization :My child, listed above, has my permission to play the sport indicated on this registration form. We will not hold LUP, its officers, or coaches liable for such injury as may happen during practices or games. We give our permission to LUPBGC or its agents to provide for medical treatment or first aid as required.

Parent/Guardian: _____ Date: _____

***Mail or deliver registration and payment to Joe Schultz, 7002 College Heights Dr., Hyattsville, MD 20782
 Make Checks Payable to LUPBGC.**

LUP Office use only: Date registration received: _____ New: _____ Amount Paid: _____ Check No. _____ Total: _____
 Registration: ____ of _____ Date entered into database: _____ Comments: _____ Has Yellow Card: Y N