



2020 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 July 31st 2020, Example, If 8 As Of This Date, Then 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:** ___ **Parents Names:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone/s: _____ **School:** _____
Email/s: _____ **Returning NW Player [Y/N]:** _____

Player Fee

[Date Form And Fee Are Both Sent, Determines If The Signup Is Early, Regular Or Late]

Early Signup Period > If Signing-Up May 25th Through June 21st > \$10 Discount

Under 2/3/4 Intro \$30: ___ Under 4/5/6 \$40: ___ Under 7/8/9 \$40: ___ Under 10/11/12 \$65: ___ Under 13/14/15 \$75: ___

Regular Signup Period > If Signing-Up June 22nd Through August 16th

Under 2/3/4 Intro \$40: ___ Under 4/5/6 \$50: ___ Under 7/8/9 \$50: ___ Under 10/11/12 \$75: ___ Under 13/14/15 \$85: ___

Late Signup Period > If Signing-Up August 17th Through September 20th > Under 3-9 Add \$10 Or Under 10-15 Add \$15

Under 2/3/4 Intro \$50: ___ Under 4/5/6 \$60: ___ Under 7/8/9 \$60: ___ Under 10/11/12 \$90: ___ Under 13/14/15 \$100: ___

[Discount Offers, Go To Website For Details] [If Signing-Up August 31st - September 20th, Contact The NWYSA Before Signing-Up]

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 Under 2-15 Player Team Hoody [Can Be Worn As Team Top In Game] [Additional \$27] [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 relative or friend, no more than 2, in preferred order, your child would like to be placed with on the same age 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: _____ **HC Requested Practice Nights [At Least 2]:** Mon: ___ Tue: ___ Wed: ___ Thur: ___ Fri: ___
Coach Team Top Size: ___ **Relationship To Child:** _____ **Email:** _____

Team - Program Sponsor Find

Company: _____ **Address:** _____
Contact Person: _____ **Phone:** _____ **Email:** _____
[Sponsor's Jpeg Formatted Artwork, B/W And Color, Needs To Be Rec'd 21 Days In Advance Of The First Game Or Just The Sponsor's Name Will Be Printed On 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 negligence of the NWYSA. In addition to granting permission for any picture 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 #:** _____