



2025 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 2025, 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 19th Through June 15th > \$10 Discount

Under 2/3/4 Intro \$50: _____ Under 4/5/6 \$60: _____ Under 7/8/9 \$60: _____ Under 10/11/12 \$85: _____ Under 13/14/15 \$95: _____

Regular Signup Period > If Signing-Up > June 16th Through August 10th

Under 2/3/4 Intro \$60: _____ Under 4/5/6 \$70: _____ Under 7/8/9 \$70: _____ Under 10/11/12 \$95: _____ Under 13/14/15 \$105: _____

Late Signup Period > If Signing-Up > August 11th Through September 7th > Additional \$20

Under 2/3/4 Intro \$75: _____ Under 4/5/6 \$85 : _____ Under 7/8/9 \$85: _____ Under 10/11/12 \$110: _____ Under 13/14/15 \$120: _____

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 [YS-AXL]: _____ Short [YS-AXL]: _____ Socks [S, M, L]: _____

> Optional Player Team Hoody [Can Be Worn As A Top In The Games] [Under 2-9 Player Additional \$32] [Under 10-15 Player Additional \$39] 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 policies 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 #:** _____