



# Michigan State Developmental Soccer League

Affiliate of USYSA and MSYSA

## 2021-2022 PLAYER REGISTRATION FORM

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### I voluntarily agree to play soccer for the:

Club Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Gender: \_\_\_\_\_

of the Michigan State Developmental Soccer League. I understand that signing this form binds me to the above-named club for the entire seasonal year (fall/spring) unless an application for transfer is granted by the above named club, MSDSL and MSYSA.

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Michigan State Developmental Soccer League Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in MSYSA sanctioned soccer activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used, and acknowledge further, that there may be other risks not known or not reasonably foreseeable at this time;
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue the MSYSA, its member Associations, affiliated clubs, leagues or teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter, referred to as "Releases" from demands; losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise.
4. The risk to have direct or indirect contact with individuals who have been exposed to or diagnosed with a communicable disease, including but not limited to COVID-19 or other medical conditions, diseases, maladies, or variations thereof, does exist and it is impossible to eliminate the risk that my child could become infected through contact with or close proximity to an individual with a communicable disease.
5. I knowingly and freely assume all such risks, both known and unknown, and assume full participation in my child's participation in youth soccer.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_