



MICHIGAN STATE PREMIER SOCCER PROGRAM

MICHIGAN STATE YOUTH SOCCER ASSOCIATION (MSYSA) - AFFILIATE USYSA/USSF/FIFA



PLAYER REGISTRATION FORM

Name _____
LAST FIRST MIDDLE

Address _____ Date of Birth ____/____/____
Month Day Year

City _____ State _____ Zip _____ Phone (____) _____ - _____

I voluntarily desire to play soccer for the _____
Affiliating League Team Name

of the **Michigan State Premier Soccer Program (MSPSP)**. I understand that signing this form binds me to the above named team for the entire seasonal year (Both Fall/Spring) unless an application for the transfer is granted on the approved MSYSA Transfer Form by the MSYSA.

Signature of Player _____ x _____ Date _____

Signature of Parent /Guardian _____ x _____ Date _____

☐ YES, I have paid the player fee

☐ I have not registered with any other team this seasonal year

Authorized signatures required in this section

I understand that signing this form binds the above named team to the above named player for the entire seasonal year (Both Fall/Spring) unless an application for the transfer is granted on the approved MSYSA Transfer Form by the MSYSA.

Signature of Coach /Team Official _____ x _____ Date _____

Signature of Affiliating League President or Registrar _____ x _____ Date _____

☐ I, as the affiliating league official, confirm documentation is on file with the affiliating league that certifies the player's age eligibility.

Michigan State Premier Soccer Program 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, 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 lessors 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 "Releasee" or otherwise.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ x _____ Date _____

Parents/Players are entitled to a copy of this contract. Copies will only be provided by the coach or Affiliated League.



Michigan State Youth Soccer Association
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Tel 734-459-6220 • Fax 734-459-6242
Web Site: <http://www.msysa.net> • E-mail: stateoffice@msysa.net



MSYSA Registration Waiver & Disclaimer Form

I/We understand and appreciate that participation or observation of the sport of soccer constitutes a risk to me/us of serious injury, including permanent paralysis or death. Therefore, I/We voluntarily and knowingly recognize, accept, and assume this risk and release the Michigan State Youth Soccer Association, its Affiliates, their employees, volunteers, sponsors, event organizers, officials, and Board of Directors from any liability.

Parent/Guardian Signature

Date

Player Signature

Date



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



Soccer Medical Release

Updated form required for each Seasonal Year

THIS FORM MUST BE PRINTED OR TYPED

MSYSA 9401 GENERAL DR, SUITE 120 PLYMOUTH, MI 48170

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(INSERT CHILD'S NAME)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Name of Insurance Company: _____

Agent: _____

Policy Number: _____ Type: _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

1. Coach
2. Assistant Coach/Manager
3. Team Parent
4. A league representative where my child is playing
5. Any tournament representative where my child is participating in a US Youth sanctioned tournament.

In case I cannot be reached, please call: _____ at: _____

Our Physician's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hospital: _____

Known Allergies: _____

Known Disabilities: _____

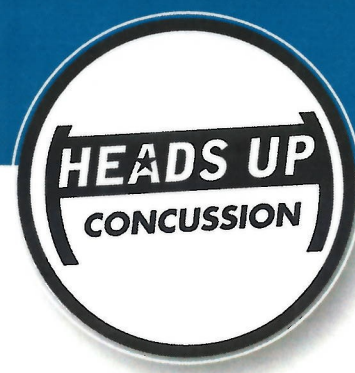
Other Important Medical Information: _____

Signature of Parent/Guardian & Date: _____

Subscribed and sworn to before me this: _____ day of: _____, year: _____

NOTARY PUBLIC: _____ My commission expires: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

► **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**