



Maryland State Youth Soccer Association

6/2006

Player Registration and Permission to Play Across State Line

Valid for Virginia, DC, and Maryland Players Only



Seasonal Year 20__ - 20__

Gender M F Player Registration Number _____

Player Name: Last _____ First _____ MI _____ M F _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address (If Different) _____ City _____ State _____ Zip _____

Date of Birth _____

1B

Region _____ State _____ League _____ Club _____ Club # _____

Team _____ Age Group _____ Trvl Rec Team # _____

Father/Guardian Name _____ Phone _____

Mother/Guardian Name _____ Phone _____

In Emergency, Contact _____ Phone _____

Doctor to Notify _____ Phone _____

Medical Insurance: Company _____ Policy# _____

OR NO INSURANCE (MUST BE COMPLETED)

Although Maryland allows multiple rostering, VYSA requires that a player be rostered on only one VYSA travel team at a time.

As of this date, I am rostered OR I am not rostered to more than one team.
I have been OR I have not been rostered to a team that participated in State Cup play during this seasonal year.

Signature - Player _____ Date _____

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.

(M) I agree to uphold and be bound by the Bylaws, Policies and Procedures of my State Youth Soccer Association and the USYSA.

(M) I have received and read the accompanying page to this form which describes Player Rights and Obligations.

Signature - Parent/Guardian _____ Date: _____ Phone: _____

ITEMS PRECEDED BY **(M)** APPLY TO MARYLAND RESIDENTS ONLY

Permission to Play Across State Boundaries: (Check appropriate box)

- Maryland resident to play on Virginia or D.C.
 Virginia or D.C. resident to play on Maryland

Maryland Approval

Virginia Approval

SIGNATURE: STATE REGISTRAR OR DESIGNEE _____

SIGNATURE: STATE REGISTRAR OR DESIGNEE _____

*Date _____

*Date _____

***PLAY CANNOT OCCUR UNTIL AFTER APPROVAL BY BOTH STATES**

COPY FOR: (CHECK ONE) TEAM TEAM REGISTRAR MSYSA REGISTRAR MSYSA OFFICE VYSA REGISTRAR VYSA OFFICE _____

