



Maryland State Youth Soccer Association

06/2002

## Player Registration and Permission to Play Across State Line

Valid for Virginia, DC, and Maryland Players Only



Seasonal Year 20 /     

Gender  M  F      Player Registration Number   -   -

Player Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ M F \_\_\_\_\_ Date of Birth

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1B**

Region \_\_\_\_\_ State \_\_\_\_\_ League \_\_\_\_\_ Club \_\_\_\_\_ Club # \_\_\_\_\_

Team \_\_\_\_\_ Age Group U -  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. team

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

**Maryland Approval**

\_\_\_\_\_  
SIGNATURE: STATE REGISTRAR OR DESIGNEE

\*Date \_\_\_\_\_

**Virginia Approval**

\_\_\_\_\_  
SIGNATURE: STATE REGISTRAR OR DESIGNEE

\*Date \_\_\_\_\_

REGISTRAR STAMP

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

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