Vardar Southfield Soccer League
PO Box 2607, Southfield MI 48037
248-788-7043

www.southfieldsoccer.org

PLAYER REGISTRATION FOR:
FALL ___ WINTER ___ SPRING ___ SUMMER ___ 20____

Please print clearly. Mail ***completed registration form*** with ***payment*** and a photocopy of the player's birth certificate.
MAKE CHECKS PAYABLE TO S.Y.S.L.

NAME OF PLAYER		GENDER	BIRTHDATE \ \
ADDRESS		CITY	ZIP
PHONE		EMAIL ADDRESS	
FATHER'S NAME		MOTHER'S NAME	
LAST TEAM	LAST SEASON	SCHOOL	GRADE

NOTES & REQUESTS:

Uniform Size: YXS YS YM YL AS AM AL AXL (circle one)

PLEASE LIST ALL MEDICAL INFORMATION YOUR CHILD'S COACH SHOULD BE AWARE OF:

PARENTAL SUPPORT

As a league run entirely by volunteers, we need your help. Your involvement is essential and greatly appreciated. It is a fundamental requirement to the continued enjoyment of all the children we serve, most importantly your child. Please check every area in which you can be of service.

☐ COACH	☐ SPECIAL EVENTS	☐ BOARD MEMBER	☐ COMMITTEE MEMBER
☐ ASST. COACH	☐ REGISTRATION	☐ TEAM MANAGER	☐ TACTICAL/TECHNICAL TEAM TRAINING

Refunds will be issued ONLY in the event that an entire PROGRAM is cancelled.

RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

I assume all personal responsibility for _____ and will not hold the SOUTHFIELD YOUTH SOCCER LEAGUE, its coaches, officers, directors, and any leagues associated with the Michigan State Youth Soccer Association and their employees or agents responsible for any injuries or deaths incurred in any contest, practice or activity held under the direction of the SOUTHFIELD YOUTH SOCCER LEAGUE.

I certify that my child has had a physical exam within the last year, is in good health and physical condition, and can participate in competitive soccer. I am aware soccer is a rigorous sport and a higher than normal risk of injury exists.

I give permission to a licensed physician and health care facility to examine and render medical care to my child if I cannot be reached immediately.

If I cannot be reached immediately, contact _____ **Phone** _____

I have read and agree to abide by the Parent Code of Conduct (Available online at www.southfieldsoccer.org)

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE:

Signed _____ **Date** _____

FOR LEAGUE USE ONLY

PROOF OF AGE	☐	AGE GROUP:	KIDDIE KICKERS	☐	U-10	☐	BOYS (COED)	☐	RECEIVED BY: ☐
RELEASE	☐			☐	U-12	☐	GIRLS	☐	DATE ☐
NEW PLAYER	☐		U-6	☐	U-14	☐	PREMIER	☐	
RETURNING PLAYER	☐		U-8	☐	U-19	☐			AMOUNT ☐
				☐			UNIFORM SIZE	☐	CASH ☐
									CHECK # ☐

TEAM ASSIGNMENT: _____