

# Massac Youth Soccer League (MYSL)

website: [www.massacsoccer.com](http://www.massacsoccer.com)



Child's First Name	Child's Last Name	Birth Date (Min Age: 3 Yrs by 8/1/13)	Male or Female
Address		City	State ZIP Code

## Siblings Policy:

Brothers or sisters that (a) live in the same household and (b) play within the same age-division, will be automatically placed upon the same team. List any siblings to the player above that both conditions apply (subject of Board's final approval):

## Team Formation Policy:

The placement of "new" players will be random in nature with the normal exceptions of (a) coaches children, (b) any same-age division siblings, and (c) returning players to the same age-division from the previous season. All other players that did not play last season (in this case Fall 2013) OR whose age requires graduating up an age-division will be placed on their new teams in a random-draw format. Special requests to play with a specific friend or coach will be denied unless medical or special needs can be demonstrated. A child's "soccer age" is what age the child is on Aug 1st 2013. MSBA Board reserves the right to modify age-divisions and team formations to fit actual registrations.

For a successful league, it takes folks willing to help. Will you help or volunteer in any of the following areas:

- ☐ Head Coach  
☐ Board Member  
☐ Field Lining  
☐ Field Marshall  
☐ Concessions  
☐ NO, I'm not volunteering

**Assistant Coach Policy:** Only one assistant coach can be possibly rostered for any team at U12 and below. The selection of this assistant coach can ONLY be requested by that particular Head Coach to the MSBA Board prior to team formations and then must be approved under the appropriate policies.

Parents (or Legal Guardian) Names	Primary Phone #
Parents EMAIL:	Secondary Phone #

## \$60 Regular Dues

- ☐ DEDUCT \$10 if you played last season and will re-use the MYSL-issued jersey from the 2013 Fall Season.  
 Note: All U12 & under jerseys will be retired after the completion of each spring season & the league will go with new color/style jerseys every fall.
- ☐ ADD \$10 if your child is eligible and will be playing within the 7th & 8th Grade age-division (Under-14).

## TOTAL DUES = \$ \_\_\_\_\_

All players are REQUIRED to wear their own soccer shin guards for all practices and games. For safety reasons, NO jewelry of any sort is allowed. In addition, no shoes are allowed that has a protruding front-toe rubber cleat such as in baseball or softball cleats. Please wear dark or black colored shorts with your uniform during game play. Game schedule will include "away" game locations to near-by areas.

**Circle Shirt Size:** YXS YS YM YL AS AM AL AXL

**Make checks payable to: MSBA.** Mail to (postmark must be no later than Saturday March 1): Massac Soccer Boosters, PO Box 211, Metropolis, IL 62960. Mailed or walk-up registrations will be accepted up until March 1. NO LATE REGISTRATIONS ARE ACCEPTED!

## Waiver of Liability & Authorization for Medical Treatment

I, hereby give my approval for my child to participate in any and all activities of the Soccer Association during the current season. I understand that soccer is a physical, high-contact sport, can-be a dangerous activity, and that care and precaution will be exercised in the supervision thereof. By signing this form, I recognize the inherent risk of injury, including but not limited to broken limbs, head injuries, or back injuries possibly leading to paralysis or death. I further understand that my child will participate at his/her own risk, and I will assume all responsibility for any medical expenses as a result of any accident or injury, incidental to the conduct of activities and transportation to and from the activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Massac Soccer Boosters Association, the Massac Soccer Youth League, and the City of Metropolis, its officials, employees, agents, staff, along with any person transporting my child to and from activities, from any and all negligent acts or conduct of commission or omission if any, or any other injury arising from this program which may be sustained by my child. I hereby grant permission for my child to participate in the Massac Youth Soccer League (MYSL) and to be treated by licensed physician or member of the MYSL staff in the event of an injury, illness, or other mishap.

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