



NYSA



PLAYER REGISTRATION FORM

AFFILIATED WITH MASSACHUSETTS YOUTH SOCCER ASSOCIATION (MYSA) AND UNITED STATES SOCCER FEDERATION (USSF) AND FEDERATION INTERNATIONALE de FOOTBALL ASSOCIATION (FIFA)

PLAYER INFORMATION

Last Name: _____ Middle Initial: _____
 First Name: _____ Date of Birth: ___/___/___ Gender: ___(M/F)
 Mailing Address:
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Email address: _____
 Phone(____)_____ - _____

Medical Conditions: _____

Parent/Guardian:
 Last Name: _____ First Name: _____
 Mailing Address if different from player:
 Street: _____ City: _____
 State: _____ Zip Code: _____ Home Phone:(____)____ - _____

Alternate Phone Number:(____)_____ - _____

Emergency Contact Person: _____ Phone:(____)____ - _____

Is this child's first season? ___ (Y/N) If not, # of seasons played: ___

Will child also play on an additional team this season? ___(Y/N)

If so, name of team or organization and age group: _____

Will Child need a uniform: ___ (Y/N)
 Shirt Size: _____ Shorts Size: _____ (Sizes Available: CM, CL, AS, AM, AL, AXL
 Socks: _____ (A)dult or (Y)outh

FEES: \$60.00 each for first and second player \$125.00/max family

LATE FEE: \$15.00 after Registration Date until rosters are formed

30.00 once rosters are complete

Late registrants are NOT guaranteed a spot on a team and may be placed on a wait list.