

For SWM Club use only:

Registration Number _____



SOUTHWEST MICHIGAN SELECT SOCCER CLUB

Club web page – swmselect.com

Tryout Registration 2010-2011

Player Name _____

Birth Date ____/____/____ Gender: Male Female

Phone Number ____-____-____ Parent's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

E- Mail _____

School District _____

Would you be willing to volunteer? Yes No

How did you hear about SWM? _____

I, the player/coach/manager listed above (or parent if player is under 18), agree that I will abide by the rules of MSYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for MSYSA accepting me for it soccer program, I hereby release, discharge and/or otherwise indemnify the MSYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself as a result of my participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also agree that good sportsmanship and a sense of fair competition will govern my conduct on the field. I understand that players/coaches who are guilty of major transgressions (violence, racial abuse, abuse of a referee, etc.) will be referred to the WestMYSA Board for suspension and/or loss of pass card.

ALL PLAYERS/COACHES/MANAGERS AND PARENTS (IF PLAYER IS UNDER 18) MUST SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE ABOVE.

Player signature _____ Date _____

Parent signature _____ Date _____