



NOTICE!

This form will NOT be accepted if the form is not TYPED or PRINTED legibly.



PLAYER REGISTRATION FORM

1. Date: _____ 2. Team Name: _____
 3. Player Name: _____
FULL LEGAL (As it appears on Birth Certificate)

4. Preferred Name / AKA: _____ Gender: M F

5. Date of Birth: _____ 6. Place of Birth: _____ 7. Citizenship: _____

8. Drivers License #: _____ 9. Other I.D.#: _____

10. Address: _____

11. City: _____ 12. State: _____ 13. Zip Code+4: _____

	PHONE Number	FAX Number	CEL/PAGER Number	EMAIL ADDRESS
HOME				
WORK				
Other				

**Please include AREA CODE, ADD U.P. if number is to be UnPublished*

14. Occupation: _____

15. Medical Insurance Provider & Policy #: _____

16. Player Status: Amateur Professional

17. Last Team & League registered with & dates (Must be filled out no matter how far back)

Team: _____ League: _____ Dates: _____

18. If registering for a new team:

18a. Did you leave the previous team in good standings? yes no 18b. The League? yes no

18c. If NO explain: _____

18d. If transferring, were you properly released? yes no 18e. Are you dual registering? yes no

19. Have you been suspended in the last 2 years?: yes no

19a. If YES, for what? _____

20. If applicable, was international clearance processed?: yes no

20a. Explain: _____

21. Collegiate soccer playing experience: _____

22. Coaching experience: _____

23. Officiating experience: _____

24. Do you play indoor soccer? yes no

25. Would you serve on the MDSL board or in some volunteer capacity? yes no

I am a player in good standing with the MSA, USASA, USSF or previous jurisdictional body (including foreign countries); I will refrain from directing any abuse at the officials, verbal or physical; I will abide by the MDSL Constitution, Bylaws, Rules and Regulations...; I will not act in any manner which may be detrimental to the League and the image it wishes to uphold; I will abide by the fair play code of conduct which respects both written and unwritten rules of the game and treats opponents as partners in sport. Fair play is expressed through spontaneous actions which applaud sporting excellence, show concern for opponents in distress, acknowledge defeat with dignity and victory with humility. I am in good health and I understand that my participation in MDSL activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent / guardian, if I am a minor, hereby release, coaches, officials, owners - lessors of premises, for all liability from my participation in these and any other MDSL related travel, social / recreational / competitive activities.

Applicant Signature

Parent / Guardian Signature (If applicant is a minor)

Date

SUBMIT TO: MDSL c/o Walter Hnatiuk, President, 9629 Conant Ave., Detroit, MI 48212-3304 Phone: 313.875.4122 / email: VlodkoHata@aol.com

PLEASE REPORT CHANGES PROMPTLY

- 1. Provide **Two** current passport size photos
- 2. Provide copy of valid drivers license or other picture I.D.
- 3. Shinguards required to play
- 4. Amateur / Premier
- 5. Recreational
- 6. Youth Trial (if U-19)