



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*\*Please include AREA CODE, ADD U.P. if number is to be UnPublished*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