

### **CAPITAL AREA SOCCER LEAGUE**

Affiliate of the United States Soccer Federation (USSF)  
& Michigan State Youth Soccer Association (MSYSA)

## **PLAYER REGISTRATION FORM**

(PLEASE TYPE OR PRINT)

**Age Group:** U19 \_\_\_\_ U16 \_\_\_\_ U14 \_\_\_\_ U13 \_\_\_\_ U12 \_\_\_\_ U11 \_\_\_\_ U10 \_\_\_\_ U9 \_\_\_\_

I voluntarily desire to play soccer under the authority of the United States Soccer Federation and the

Capital Area Soccer League for \_\_\_\_\_  
(Name of Team)

**Signature of Player** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Player** \_\_\_\_\_ **Male** \_\_\_\_ **Female** \_\_\_\_

**CASL Player Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(From previous CASL Registration)

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone Number** \_\_\_\_\_

**School District Player Attends** \_\_\_\_\_ **School District Player lives In** \_\_\_\_\_

**Name of School Player Attends** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mother/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

I, the undersigned parent/guardian, understand that physical contact is made during soccer training and matches and that I and the player accept the inherent risks. My son/daughter is in good health and able to fully participate in competitive soccer. I hereby give my permission for him/her to participate in the Capital Area Soccer League. I certify that this team is the only USSF registered soccer team that my child is playing for unless dual registration has been authorized by the Capital Area Soccer League Registrar and MSYSA.

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

I the undersigned Head Coach for the above stated team, attest to the above information being true and factual to the best of my knowledge.

**Signature of Head Coach** \_\_\_\_\_ **Date** \_\_\_\_\_