



STYSA ADULT SOCCER REGISTRATION FORM

SPRING 2017

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Cell Phone (____) _____ Email address _____

Date of Birth _____ Male (____) Female (____)

Playing Experience: _____ years

Skill level of play: Advanced (____) Intermediate (____) Beginner (____)

Please indicate what size jersey you will need:

Small (____) Medium (____) Large (____) X-Large (____) XX-Large (____)

Would you like to volunteer to be a Team Captain: (____) Assistant Team Captain (____)

Waiver: I agree to maintain my own medical, disability, and life insurance sufficient, in my determination, to cover any expenses and damages that I and my family incur, including loss of income, arising from possible injury, disability, or death.

Player Signature _____ Date _____

****SIGNATURE OF PARTICIPANT REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED****

FEE: \$70.00 per player

Mail completed form and registration fee to: STYSA, P. O. Box 3013, Hammond, LA 70404

You are also required to complete and return the STYSA - USASA Release of Liability form to your Team Captain prior to your first game.