

Check #	Cash	Amount Paid	Notes:
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**** ABOVE INFORMATION FOR ADMINISTRATIVE USE ONLY ****

North Macomb Community Youth Soccer Player Form

NMCYS P.O. Box 248 Romeo, MI 48065 www.nmcys.org 586-615-9982

Fall 2009 and Spring 2010

Circle One Boy Girl	Age	Birthdate:	<i>Previous Players Only</i> Old Team or Coach Name
Last Name		First Name:	
Street Address:		City:	State: Zip:
Telephone:		Email	
Emergency Contact:		Emergency Telephone:	

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

Father/Guardian

Last Name	First Name:
Business/Employer	Alt. Telephone:
<i>NMCYS is an All Volunteer/Non-Profit Organization. We will train you . Please Consider Joining our Team.</i>	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
I volunteer to: Coach Asst Coach Referee Fields Picnic Uniforms Board Call Me Marketing	

Mother/Guardian

Last Name	First Name:
Business/Employer	Alt. Telephone:
<i>NMCYS is an All Volunteer/Non-Profit Organization. We will train you . Please Consider Joining our Team.</i>	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
I volunteer to: Coach Asst Coach Referee Fields Picnic Uniforms Board Call Me Marketing	

We need help at the Information Table on saturday game days Anytime between 8:45am and 12 noon.



Can you help one half hour per season or more? It's easy and we need you.

Please check here if you can.

We will call you to find the best time for you.



I would like to be a Sponsor in any way I can... List Contact Person and Phone Below:

Me and/or my child want to get my referee license -List Names and Ages Below:

I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above -identified Emergency Contact and/or other North Macomb officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical and or dental examination and/or treatment.

Parent/Guardian Signature

Date