

**Plymouth Nazarene Soccer Club (PNSC) for the  
Michigan Christian Soccer League (MCSL) – Spring 2023 Season**

**Plymouth Nazarene Soccer Club (PNSC)  
45801 Ann Arbor Rd. W  
Plymouth, MI 48170**

**Family Registration Form**

**Registration Deadline: February 28, 2023 (or when individual divisions fill up)**

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Email (optional): \_\_\_\_\_

**Participation Waiver**

It is important that parents wishing to register children with the Michigan Christian Soccer League (MCSL) read the following rules and fully understand them **BEFORE** signing their name to this registration form.

1. By signing the registration form the parent is confirming they have read the Code of Conduct requirements on the MCSL web site ([www.mi-csl.com](http://www.mi-csl.com)) or read a provided copy and agrees to abide by them.
2. Player releases to other clubs will not be given after the season has begun, neither will refunds be granted at this point.
3. Registration of a player for the fall and/or spring season, registers said player for the entire seasonal year in the same club.
4. Earrings and other piercings are strictly prohibited during practices and games. Insurance/safety rulings allow no exceptions.

I, the undersigned, shall not hold the MCSL, its clubs or any of its coaches, board members or staff responsible for any injury incurred by the registered player during practices or games, transportation for said including any voluntary player to or from practices or games.

I hereby agree that the US Club Soccer, its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of US Club Soccer and we agree to indemnify and hold harmless US Club Soccer, its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Publish Photos**

I hereby grant Michigan Christian Soccer League and its soccer club's permission to publish photos of the season, which may include pictures of my child. I understand that if names are listed, it will be my child's first name only, in an attempt to comply with the National Child Protection Act. Further I understand that every attempt will be made to prevent unauthorized access to online information and hold the MCSL and their clubs harmless for the accidental dissemination of information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Player Information

Player Name: \_\_\_\_\_ Birth **Year**: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Name of a single player your child would like to participate\* with: \_\_\_\_\_

Division: U7 \_\_\_\_\_ U9 \_\_\_\_\_ U12 \_\_\_\_\_ Season: **Dual** (not available) **Single** \_\_\_\_\_

<b>Please Circle Uniform Size</b>		
Youth Small (5-6)	Youth Medium (7-8)	Youth Large (9-11)
Adult Small	Adult Medium	Adult Large

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Player Name: \_\_\_\_\_ Birth **Year**: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Name of a single player your child would like to participate\* with: \_\_\_\_\_

Division: U7 \_\_\_\_\_ U9 \_\_\_\_\_ U12 \_\_\_\_\_ Season: **Dual** (not available) **Single** \_\_\_\_\_

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<b>Please Circle Uniform Size</b>		
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## Payment Information

<b>Schedule of Fees</b>		
<b>U7</b>	Dual – not available	Single Season \$65
<b>U9</b>	Dual – not available	Single Season \$65
<b>U12</b>	Dual – not available	Single Season \$65

Checks payable to Plymouth Nazarene Soccer Club (PNSC).

Checks will be held and deposited after the registration deadline.

Any checks returned for insufficient funds will be assessed a \$30 fee.

\*Note: As we work to balance our club's teams in the Fall season, we will work to honor as many requests as we can for whom your child would like to play as noted above but cannot guarantee any particular team or coach to a given player (Exception: parents/guardians who are coaches will have their child on their team assuming age appropriate).

## Age Guidelines (based upon year of birth)

<b>Spring 2023</b>	
<b>U7</b>	Birth Year 2016 or 2017
<b>U9</b>	Birth Year 2014 or 2015
<b>U12</b>	Birth Year 2011 or 2012 or 2013

## Key dates for Spring 2023 Season

- Registration Opens for Plymouth Nazarene Soccer Club: Monday, January 2, 2023.
- Registration Deadline: Monday, February 28, 2023 (or when each individual division fills up)
- Carl Hoffman will continue to be the main recruiter/contact for registration for these coming seasons for PNSC. He can be reached at [hoffmanck@msn.com](mailto:hoffmanck@msn.com) or 734-812-4606. Any other questions concerning the League, our Club or payments should be directed to Scott Chalmers at [schal0703@aol.com](mailto:schal0703@aol.com) or 586-907-4496.
- Tentative Parent Meeting: 10AM, Saturday, March 25<sup>th</sup>, 2023 (this will be when we collect money for any who have not yet paid prior to that point)
- Tentative First Practice for PNSC: Wednesday, March 29<sup>th</sup>, 2023
- Tentative Opening Day/First Game: Saturday, April 22<sup>nd</sup>, 2023 (Season will Six Saturdays between 22<sup>nd</sup> and thru to the June 3<sup>rd</sup> skipping Memorial day weekend.)

Note: We will also have a google forms registration method loaded to the League website.

Medical information is required by the League. Please complete a form for each player.

This form should be submitted to your home team's club.

## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or the player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
League Name: \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

\_\_\_\_\_  
Player's Signature Date Parent/Guardian Signature Date

### PLAYER'S MEDICAL INFORMATION

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Receive texts?  Yes  No  
Parent Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Receive texts?  Yes  No

#### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Please list Allergies the player has: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician \_\_\_\_\_ Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_  
Medical/Hospital Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to player:  Father  Mother  Guardian

Form #R002-Y - 5/2012