



Michigan State Youth Soccer Association

# OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED  
MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

## PLAYER'S CODE OF CONDUCT AGREEMENT

### General Guidelines:

Players are expected to conduct themselves at all times in a manner, which is in keeping with representing Michigan State Youth Soccer Association (MSYSA), and will not bring discredit upon the Association. When traveling and representing MSYSA, each player is expected to dress appropriately as befits representing MSYSA or as directed by the Coach/Administrator.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws are required for participation in this program.

### Discipline Rules:

1. Substance use and/or possession thereof (drugs, alcohol, and/or tobacco) is cause for immediate dismissal from the program.  
Note: It is your responsibility to prevent situations from occurring and avoiding situations that occur. Don't allow **anyone**, including your roommates, to bring these substances into your room. You should leave any time substances are present! You must take total responsibility for your actions.
2. Irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program and could affect player's future participation.

### Responsibility:

I, \_\_\_\_\_ will conduct myself in a manner respecting the facilities, other players, referees, and coaching and administrative staff of the MSYSA while I am participating in the State, Regional and National Programs. Further, I understand that if I am found to be using or in the possession of drugs or alcohol or in violation of the MSYSA and/or the hosting organization's rules and regulations that this shall result in my immediate ejection from the program. I understand and accept the fact that if dismissed from the program or an event while traveling, I may be sent home immediately at my parents' expense by whatever means is most convenient for the program administrator. Further, if I am dismissed from the program or event, I understand program or event fees will **not** be reimbursed.

We, the undersigned, have read, understand and agree to abide by the guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal guardian's Signature

\_\_\_\_\_  
Date



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## SOCCER MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered to my child,

\_\_\_\_\_  
(INSERT CHILD'S NAME)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type: \_\_\_\_\_

In case I cannot be reached, any of the following people are designated to act on my behalf:

- 1. Coach.
- 2. Assistant Coach/Manager
- 3. Team Parent
- 4. A league representative where my child is playing
- 5. Any tournament representative where my child is participating in a US Youth sanctioned tournament.

In case I cannot be reached, please call \_\_\_\_\_ at \_\_\_\_\_

Our Physician's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known Disabilities: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ My commission expires: \_\_\_\_\_