



Age Group _____ Coach _____

Attach Two (2) Photos Here

Alliance FC Registration Checklist Form (Print Neatly)

Player's Name _____ Date of Birth _____

Home Phone _____ Age Group (ex. U12B) _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Address _____

City _____ State _____ Zip _____

Primary Email Address (print neatly) _____

Secondary Email Address (print neatly) _____

PREMIER TEAM CHECKLIST

- MSPSP REGISTRATION FORM
- US CLUB REGISTRATION
- MSYSA MEDICAL RELEASE*
- MSYSA CODE OF CONDUCT
- METHOD OF PAYMENT FORM
- ALLIANCE PARENT AGREEMENT
- BIRTH CERTIFICATE
- 2 PHOTOS (1"x1")

SELECT TEAM CHECKLIST

- GVSA REGISTRATION FORM
- US CLUB REGISTRATION FORM
- MSYSA MEDICAL RELEASE*
- MSYSA CODE OF CONDUCT
- METHOD OF PAYMENT FORM
- ALLIANCE PARENT AGREEMENT
- BIRTH CERTIFICATE
- 2 PHOTOS (1"x1")

**NOTARY REQUIRED*