

Spring 2007 Registration

M.F.Y.S.L. – Homeschool Soccer League



ABSOLUTELY NO REGISTRATIONS ACCEPTED THAT ARRIVE AFTER APRIL 5, 2007.

Part 1 – Family Information

Parents First & Last Names: _____

Address _____ City _____ Zip Code _____

Phone (_____) _____

Email (omit if you got this form from me by Email) _____

Pager Email or Cell Phone Email (in case of cancellations)

Example: 2485551212@messaging.nextel.com or 2485551212@page.americanmessaging.com

Which parent is volunteering? _____ (if both, please indicate who volunteers for what)

Coach: Tuesday Saturday Both
Which level do you prefer to coach (U4, U6, ...)? _____

Do you really want to coach? YES! YY Y ? N NN NO!
 Do you have a child under 5? First experience with soccer?

Backup Coach Tuesday Saturday Both
(Backup Coaches fill in for coaches in any division that cannot make it on a particular day.)

Stake Pounders Tuesday Saturday Both
(Two people to stake the nets down at the start of play.)

Field Painter (One person to stripe the fields after the grass is mowed.
We supply the paint and the striping machine and will show you how the first time.)

Net Manager (One person to lock & unlock the nets. Should be a little early to unlock & stay to put away.)

T-Shirt Coordinator (One person to pick up the T-shirts from Lake Orion & distribute them.)
[everybody signs up for this – you'll probably get stuck coaching....]

Head Coach (One person to update our coaches packets and consider ways to improve our coaching.)

If you need a tee-shirt, send your registration as early as possible and specify the tee-shirt size(s) The shirts will shrink so order one size larger and it will last a couple of seasons.

Are your players returning from the fall? Yes No
(Returning players will have no fee. This was paid in the fall.)

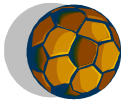
	Total		Students:	\$	_____
Each NEW Student	\$26		T-Shirts @ \$7.50 /each	\$	_____
			Sweatshirts @ \$15 /each	\$	_____
			Family Total	\$	_____

For more information call or Email:
Craig.Capen@EDS.com
248-322-2660

Make checks payable to: M.F.Y.S.L.
Mail to: M.F.Y.S.L.
324 Lake Angelus Road
Auburn Hills, MI 48326

[Fine Print: teams will be assigned solely on the basis of creating evenly-matched teams, i.e., some strong players and some beginners on each team, and roughly equal boys & girls. Please do not make special requests for teammates.]

PLEASE PRINT THIS FORM ONE-SIDED



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Part 2 – Student Information

(Photocopy this page as needed)

Player's Name: _____ Gender M / F Date of Birth ____/____/____
(first & last names, please)

Age Divisions

- ___ U-4 (August 2002 to July 2003)
- ___ U-6 (August 2000 to July 2002)
- ___ U-8 (August 1998 to July 2000)
- ___ U-10 (August 1996 to July 1998)
- ___ U-12 (August 1994 to July 1996)
- ___ U-14 (August 1992 to July 1994)
- ___ U-16 (August 1990 to July 1992)

Please objectively and discretely rate your student's soccer expertise according to age division. Last season's coach has also given input. (Please circle one 1=Beginner 5=Advanced)

1 2 3 4 5

T-Shirt Sweatshirt

Size: Youth Small Youth Medium Youth large
 Adult Small Adult Medium Adult Large Adult X Large

Player's Name: _____ Gender M / F Date of Birth ____/____/____
(first & last names, please)

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- ___ U-6 (August 2000 to July 2002)
- ___ U-8 (August 1998 to July 2000)
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