



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



LATE / ONSITE REGISTRATION FORM
2010 State Select Minnesota US Youth Soccer ODP
For boys & girls born in 1993, 1994, or 1995 ONLY

Boys and girls born in 1993, 1994 or 1995 are eligible for participation in the 2010 State Select Minnesota US Youth Soccer Olympic Development Program. The program is open to all players; however, competition for selection is very tough. There will be two (2) identification sessions. Players are encouraged to attend both sessions if at all possible.

- At the conclusion of the process, approximately 24-30 players will be selected for each state pool (birth year and gender) for further Minnesota US Youth Soccer ODP training.
Registration form and \$60.00 fee required before you will be allowed to participate in the tryout

X (cut here) -----

Year Born [ ]1993 [ ]1994 [ ]1995 Gender [ ]Male [ ]Female

Primary Position: [ ]GK [ ]DEF [ ]MID [ ]FWD Secondary Position: [ ]GK [ ]DEF [ ]MID [ ]FWD

Citizenship [ ]USA [ ]Other Passport [ ]USA [ ]None [ ]Other

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

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

2010 Summer Club: \_\_\_\_\_ High School Team: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ GPA \_\_\_\_\_

PLAYER MUST FURNISH THIS RELEASE FOR TRYOUT

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly certified Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Policy Holder's Name: \_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_

Account/Group/Policy Number: \_\_\_\_\_

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed registration form and payment (made payable to MYSA) to:

MYSA, c/o US Youth Soccer ODP 11577 Encore Circle, Minnetonka, MN 55343

FOR OFFICE USE ONLY:

Registration: Date Rec'd \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation \_\_\_\_\_