

2009 REGIONAL TRAINING PROGRAM

IDENTIFICATION DAY ON-SITE REGISTRATION FORM

\$30 CHECK OR CREDIT CARD



Please select your MSYSA Regional District/Training location

NORTH SOUTH EAST WEST CENTRAL-EAST CENTRAL-WEST

PLAYER'S NAME (please print): _____
(Last Name) (First Name)

BIRTHDATE: ____/____/____ GENDER (circle one): MALE FEMALE
Month Day Year

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN (please print): _____
(Last Name) (First Name)

TELEPHONE (home): (____) _____ TELEPHONE (cell): (____) _____

E-MAIL ADDRESS: _____

UNIFORM SIZE: Shirt _____ Shorts _____
(S, M, L, XL) (S, M, L, XL)

Payment Type: Check (payable to MSYSA) Check # _____
 Credit/Debit Card
 VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

NAME ON CARD (Please Print): _____

By signing this form, I (the player's parent or guardian) acknowledge that all above information is accurate. I understand that intentionally providing false information may result in my son or daughter's disqualification from the program. Additionally, I/we waive all liability (medical and/or other) against MSYSA and all RTP staff members.

Parent/Guardian Signature DATE: _____

Please return form and payment to: MSYSA, 303 Najoles Rd. Suite 109, Millersville, MD 21108 Attn: RTP
Credit Card payments can be faxed to 410-987-8707