



Maryland State Youth Soccer Association
AFFILIATED WITH THE UNITED STATES SOCCER FEDERATION

06/2006



ADULT OFFICIAL REGISTRATION FORM - Seasonal Year: 20____ -- 20____

It is Maryland State Youth Soccer Association, Inc. (MSYSA) policy to register all adults (age 18 years and older) who are working with affiliated players and teams. Registration with MSYSA is from September 1 through the following August 31. The Adult Official Registration Form must be updated every year.

Last Name _____ First Name _____ MI _____

_____ Mailing Address _____ City _____ State _____ Zip _____

_____ Residence Address (If Different) _____ City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____ Adult Official ID # _____
(MM) (DD) (YY)

Telephone (H) _____ - _____ - _____ Coaching License _____

Telephone (W) _____ - _____ - _____ Referee Grade _____

E-Mail Address _____ (For MSYSA Internal Use Only)

Club Affiliation(s) _____

1. Background in work with youth Position _____ Years _____

2. Experience in soccer Position _____ Years _____

3. Experience in youth soccer Position _____ Years _____

4. Position (Check appropriate box(es))
 Coach Asst. Coach Manager Trainer
 Administrator Club/League Official Other

5. Have you ever been convicted of a crime of violence? Yes No

6. Have you ever been convicted of a crime against a person? Yes No

(If Yes to Questions 5 and/or 6, please explain - use back of form)

I understand that:

- a. It is the intent of the MSYSA and US Youth Soccer to deny registration to any person who has been convicted of a crime of violence or of a crime against a person.
- b. In applying for an MSYSA or US Youth Soccer position the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- c. I am agreeing to uphold and be bound by MSYSA and USYSA Bylaws, Policies and Procedures.

Signature _____ Date _____

Registrar Signature _____ Date _____



THIS COPY FOR: TEAM OFFICIAL TEAM REGISTRAR MSYSA OFFICE _____