

## 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 Associa 18 years and older) who are working with September 1 through the following August	n affiliated play	ers and teams. Registration	with MSYSA is	
Last Name	First 1	Name		МІ
<u>Mailing</u> Address		City	State	Zip
Residence Address (If Different)		City	State	Zip
Date of Birth / / (DD) / (Y	<u></u>	Adult Official ID #		
Telephone (H)	,		Coaching Lice	nse
Telephone (W)			Referee Gr	ade
E-Mail Address (For MSYSA Internal Use Only)				
Club Affilation(s)				
Background in work with youth Pos	ition			Years
2. Experience in soccer Pos	ition			Years
3. Experience in youth soccer Pos	ition		_	Years
		oach Asst. Coach dministrator Club/Leagu	Manager [	Trainer 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?  (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 convicted of a crime of violence or of b. In applying for an MSYSA or US You subject to verification, which may income the subject to	f a crime again uth Soccer pos	st a person. ition the information which I h		
c. I am agreeing to uphold and be bound by MSYSA and USYSA Bylaws, Policies and Procedures.				
Signature		Date		
Registrar Signature		Date	RE	GISTRAR STAMP

TEAM REGISTRAR

MSYSA OFFICE

TEAM OFFICIAL

THIS COPY FOR: