Grand Valley Soccer Association - Player Dual Registration Form

All fields are required

Dual Registrations are not permitted BY MSYSA during May, June, October and November!

Player's First & Last	Name:			
Player's Date of Birth	າ:			
E-mail Address:				
Street Address:				
City:			State:	Zip:
Phone Number:				
	P	RIMARY TEAM	1	
Team Name:				
Team Age Group:			Gender:	
League Name:				
Coach's Name:				
Coach's E-mail:				
	SE	CONDARY TEA	M	
Team Name:				
Team Age Group:			Gender:	
League Name:				
Coach's Name:				
Coach's E-mail:				
 team his/her se A player may not of the primary t Any Club regist forfeit all games 	ot play for more than one tear eam, the player may not play	in the MSYSA State C m in GVSA. If the Clubs until the issue has bee ng GVSA that the Plays ayer played without an	up, MSPSL or M s of the two tear n resolved by the er is already region approved Dual	MRL it must be the Primary tear ns disagree on the designation e Leagues involved. stered with another team shall Registration.
Player (if 18) or Pare	nt's Signature & Date:			
Primary Team Club F	Registrar Signature & Date:			
Secondary Team Clu	ub Registrar Signature & Date:			
Primary League Offic	cial Signature & Date:			
Secondary League (Official Signature & Date:			

This form must be submitted to **GVSA**, **2222 Wealthy St SE**, **East Grand Rapids**, **MI 49506** with a check for \$25 payable to GVSA. Forms that are not completely filled out and signed, or submitted without payment will be returned unapproved.

Approved forms will be Emailed to the Player and Both Coaches, upon request. Clubs must also submit a GVSA Player Registration form for the Player.