



Director's Academy

Affiliate Michigan Youth State Soccer Association (MSYSA USYSA/USSF/FIFA)

Player Commitment Form

Name _____

Address _____

City _____ State ___ Zip _____ Phone (____) _____ - _____

I voluntarily desire to play soccer for the Michigan Lightning _____ of the **Director's Academy League**. I understand this forms binds me to the above named team for the entire seasonal year (Both Fall/Spring) unless an application for transfer is granted on the approved MSYSA Transfer Form by the MSYSA.

_____ I will complete the on-line registration process within 48 hours of signing this document. I have received the instructions to complete this process.

Signature of Player x _____ Date _____

Signature of Parent/Guardian x _____ Date _____