



**MINNESOTA YOUTH SOCCER ASSOCIATION INC.**

11577 Encore Circle  
Minnetonka, Minnesota 55343  
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627  
[www.mnyouthsoccer.org](http://www.mnyouthsoccer.org)



**MYSA College Development Program  
August 2-4 (Mon.-Wed.), 2010 (Rosemount)**

**For ambitious boys & girls entering 10<sup>th</sup> through 12<sup>th</sup> grades or 1st year of college**

**Cost:** \$115 before July 1; \$150 after July 1

Early registration and check **must be received** by Thursday, July 1. Space is limited and a waitlist will be formed once the camp is full. Questions may be directed to Joe Golish or Andy Coutts at the MYSA office. A confirmation notice will be sent via email.

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Player Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**High School Team:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**2010 Summer MYSA Club:** \_\_\_\_\_

**Age Group:** \_\_\_\_\_ **Playing Level:**  MRL  PR  C1  C2  C3

**Primary Position:** \_\_\_\_\_ **T-Shirt Size (circle):** Adult: S M L XL

**PLAYERS MUST FURNISH THIS RELEASE FOR PARTICIPATION**

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly certified Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Medical Insurance Provider: \_\_\_\_\_

Account/Group/Policy Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Name of Parent/Legal Guardian (**please print**): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

**Mail completed registration form and payment (made payable to MYSA) to:**  
MYSA, c/o CDP, 11577 Encore Circle, Minnetonka MN 55343.

***Refund policy:** Refunds are issued if request is received by Thursday, July 1. Refunds are issued for a documented medical reason. No refunds will be granted for no-shows or requests made after the deadline for refund requests. A processing fee of \$25 will be deducted from the refund.*