

Grand Valley Soccer Association - Player Dual Registration Form

WEST MICHIGAN	All fields are required Dual Registrations are not permitted BY MSYSA during May, June, October and November!
Player's Legal First & Last	Name:
Player's Date of Birth:	
Street Address:	
City:	State: Zip:
E-mail Address:	Phone Number:
	PRIMARY TEAM
Team Name:	
Team Age Group:	Gender:
League Name:	
Coach's Name:	
Coach's E-mail:	
	SECONDARY TEAM
Team Name:	
Team Age Group:	Gender:
League Name:	
Coach's Name:	
Coach's E-mail:	
	which a dual rostered player first registers shall be designated his/her primary team and the other econdary team. If one team is in the MSYSA State Cup, MSPSL or MRL it must be the Primary tear
• A player may n	ot play for more than one team in GVSA. If the Clubs of the two teams disagree on the designation am, the player may not play until the issue has been resolved by the Leagues involved.
Any Club regist	tering a Player without informing GVSA that the Player is already registered with another team sha
	es for the team on which the Player played without an approved Dual Registration. sign as the Primary League Official for any MSPSL team sponsored by GVSA.
Player (if 18) or Parent's	Signature & Date:
Primary Team Club Regi	strar Signature & Date:
Secondary Team Club R	egistrar Signature & Date:
Primary League Official	Signature & Date:
Secondary League Offici	ial Signature & Date:

This form must be submitted to GVSA, PO Box 888680, Kentwood, MI 49588 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.