



MISSION YOUTH SOCCER LEAGUE
Location: 2300 16th Street #170, San Francisco, CA. 94103
Mailing Address: PO Box 411345, San Francisco, CA 94141
League Coordinator Cell: (415) 678-9955
Email: mysloffice@ymail.com www.missionyouthsoccer.org

ESTABLISHED IN 1991

The Mission Youth Soccer League promotes a year round soccer program for youths ranging in ages from 4 to 19. Teams registering with the League are expected to participate in the soccer program throughout the calendar year. The MYSL soccer year runs from August to June with registration beginning in March. MYSL is part of the California Youth Soccer Association ("CalNorth") and supports only CalNorth sanctioned leagues.

PARENT COMMITMENT LETTER 2019/2020

- I understand that the time commitment to this team is for one year and that my son/daughter is expected to participate year round.
- I understand that my child is expected to be at 80% of practices and 80% of games. If he/she does not attend the minimum amount of practices and games he/she could be asked to leave the team.
- I understand that there is a financial commitment to this league and that fees range from \$100 to \$300, depending on level of play at time of signup. All fees must be paid in full and are due upon registration.
- I understand that registration fees do not cover all costs. Uniforms, tournament fees, equipment and some referee fees are the responsibility of individual teams.
- I understand if my child is not registered for any reason or my child is asked to leave the team or league for disciplinary reasons, fees will not be refunded.
- I understand that no transfer or release at my request will be allowed if any fees have not been fulfilled with MYSL, other leagues, coaches or community centers, and that MYSL may impose a fee for any transfer.
- I understand that no transfer or release at my request will be allowed prior to December 1, of the given year, for any reason.
- I understand that my son/daughter has to fulfill their commitment with their Fall team and failure to do so may result in being dropped from the league for the remainder of the 2019/2020 soccer season.
- I understand my son/daughter cannot be a guest play for an entire season and relinquish their commitment with his Fall team. If found doing so, I understand that no transfer will be given.
- I understand there are league rules that define the limits whereby my child may register to play with a team that is in an age group higher than my child's proper age group ("playing up") and that my child's team may be competing against other teams in the older age group.

By registering with MYSL, I give permission to release my address and phone number to the San Francisco Recreation and Park Department. If I refuse to this release this information, I understand that I must include a letter attached to the registration form notifying MYSL that this release of information is unacceptable. Once that is received MYSL will then withhold that information from the San Francisco Recreation and Park Department.

As the parent/guardian of (player name) _____, I agree that I have read the above statements and understand the commitment expected of my child and pledge to support him or her as part of the MYSL (team name) _____.

Parent / Legal Guardian name _____

Signature _____ Date _____, 201__

PLAYER SCHOOL IN FALL 2019 _____ PLAYER GRADE IN FALL 2019 _____