



# MICHIGAN LIGHTNING

## SUPER Y PLAYER COMMITMENT FORM



Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

I voluntarily desire to play soccer for the 2018 Michigan Lightning Super Y Team \_\_\_\_\_  
Of United Soccer Leagues Super Y-League. I understand that signing this form binds me to the Michigan  
Lightning Super Y team named above for the entire seasonal year and that payments made are non-refundable.  
If a team is not formed in an age group that I am eligible to participate in, my payments will be refunded.

Signature of Player x \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian x \_\_\_\_\_ Date \_\_\_\_\_