

**MACON COUNTY SOCCER CLUB**  
**FALL 2008 REGISTRATION FORM**

Boys/Girls U \_\_\_\_\_

Determined by the child's age as of 7/31 this year

Previous Coach/Team \_\_\_\_\_

1. Complete form
2. Provide copy of birth certificate
3. Make check payable to MCSC: Cost \$55.00. \$5.00 sibling discount
4. Registration forms, fee and birth certificate mail to: Michelle Thornton 53 Willow Place, Franklin NC 28734  
**All forms, fees and birth certificates must be received before 7/15/08 or will be considered late and a \$10 late fee will be applied.**

**PLAYER INFORMATION**

**Full First Name:** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

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

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Yrs played soccer:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**List medical problems:** \_\_\_\_\_

**UNIFORMS:**

Please circle one size for the shirt and one size for the shorts

**Shirt size:** ys    ym    yl    as    am    al

**Short size:** ys    ym    yl    as    am    al

**PARENT INFORMATION**

**Dad's Name:** \_\_\_\_\_ **Phone:** (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Phone:** (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_ phone \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_ **Coach/Asst Coach**

\_\_\_\_\_ **Referee**

**Fees** \_\_\_\_\_

**Total** \_\_\_\_\_

**Cash** \_\_\_\_\_ **Check** \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA it's affiliated Organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer programs, I hereby release, discharge and otherwise indemnify the USYSA and its affiliated organizations and sponsors against any claims by or on behalf of the registrant as a result of the registrant's participation in the soccer program and/or being transported for emergencies which I hereby authorize. I also hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

**Signature Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_