

MACON COUNTY SOCCER CLUB SPRING 2010 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 \$60.00 new player-\$50.00 returning player from fall 2009 (\$5.00 Sibling Discount)
4. Registration forms, fee and birth certificate mail to: Marlene Lane 943 Bethel Church Road, Franklin NC 28734

All forms, fees and birth certificates must be received before 2/27/10 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** _____