



MORRISVILLE SOCCER CLUB
YOUTH PLAYER REGISTRATION & RELEASE FORM

MSC Use Only
Paid (Yes/No)
Cash/check #
Amount: \$

(Please Print Clearly)
(One Form per Player per Season)

Year: Season : Spring

Player Name: M/F Grade D.O. B.

Shirt size youth small youth medium youth large
(circle one) adult small adult medium adult large Other

Parent/Guardian Name:

I am willing to volunteer to help with (circle at least one):

Coaching Supervising Kids Board Member Other

Address:

City/State/Zip:

Home Phone: Cell Phone: Other Phone:

E-mail address:

Primary Medical Insurance Company:

Policy Number/Employer:

Known Allergies/Other Pertinent Medical Info:

Emergency contact info (other than Parent/Guardian)

Name: Phone Number:

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify USYS/USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Morrisville Soccer Club and/or Permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: Date:

Send Completed Morrisville Soccer Club

Forms with Payments to: PO BOX 1636

MORRISVILLE, VT 05661

Submit Inquiries To: tomstames@morrisvilleyouthsoccer.com