



MSC United Soccer Club

4406 E. Main Street, #102 PMB86
Mesa, AZ 85205



2011 YDL Registration

Visit our website at: www.msccubed.org

****Player Information Must Match Birth Certificate****

Last Name:	First Name:	MI:
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Player's Date of Birth:	Gender:	Playing Experience: (years)
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Current School:	Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS
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Season Last Played:	Shorts Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS
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Player Resides with:	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Other
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Parent/Guardian Names

Address:	City:	State:	Zip:
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Email

Phone: Home:	Work:	Cell:
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Emergency Contact:	Phone:
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Players Name:	Health Insurance Company:
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Group Number:	Physician and Phone:
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List any/all physical/medical conditions which may affect player including allergies to medications:
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Waiver: I do hereby expressly and specifically assume all of the risks which attend the game of soccer and any other related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold harmless The MSC United Soccer Club and The East Valley Sports Academy, it officials, coaches and members including but not limited to any adjoining facilities from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts or omission and participation of the undersigned in any related activity. I also agree to all rules and regulations of The MSC United Soccer Club.

Consent for Medical Treatment (minor): As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above.

Printed Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Date: _____

Medical Release Notarization (Recommended In-State Play, Required out-of-state) Subscribed and sworn to me this day of, Day _____ Month _____ Year _____ Signature _____	FEES Payable To: MSC UNITED SOCCER CLUB OFFICIAL USE ONLY -- DO NOT FILL OUT Registration Fee: \$ _____ \$105.00 4-5 year olds \$125.00 6-14 year olds Paid: \$ _____
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