

Montgomery Soccer Club Registration - Spring 2009

Mail In Registration:

Montgomery Soccer Club
 P O BOX 994
 Montgomery, TX 77356

IF MAILING IN REGISTRATION, YOU MUST INCLUDE YOUR
 REGISTRATION FEE OR YOU WILL NOT BE REGISTERED.

Applicant Information

Name:

(Last)	(First)	(Middle)	(Nickname)
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Address:

City:	State: TX	Zip:
Date of Birth:	Age Group:	Male or Female:
Home Phone:	Cell Phone:	
Father's Name:	Best Number to Reach you at:	
Mother's Name:	Best Number to Reach you at:	

Email Address(es):

Experience (Seasons played soccer):

Team played for last season:

Uniform Size: Youth S M L Adult S M L XL

School: _____ **Subdivision:** _____

Parental Support: Coach Asst. Coach Team Parent Field Setup Marketing/Fundraising

(Note: Volunteering for the above will require the completion of a STYSA KidSafe application for background checks. This application can be made by going to www.stxsoccer.org and connecting with the KidsSafe/Adult Registrations and Information.)

Registration Fee For NEW PLAYERS: (Cost includes new uniform)

U5-6 \$90.00 U7-U10 \$125.00 D3 U11-U14 TYSA Rec \$225.00

If you are a returning player with a complete Fall 08 uniform you may deduct (\$30.00)

All MYSC Players must utilize the MYSC designated uniform.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the ASYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Medical Treatment (Minor): As a parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian:	Date:
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OFFICE USE ONLY

REGISTRATION FEES MUST BE PAID AT REGISTRATION OR YOU MUST SET UP A PAYMENT PLAN.

REGISTRATION TURNED IN AFTER FEBRUARY 1, 2007 WILL HAVE A \$10 LATE FEE ADDED.

Amt Recv'd:	Cash/Check #	Date Recv'd:	Recv'd By:
Registration Fee:	Total Paid:	Total Due:	