

# Murray Calloway County Soccer Association Registration Form

## Player Information

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First Name      MI      Last Name      Date of Birth      Gender

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Address      City/State/Zip

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## Parent/Guardian Information

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First Name      MI      Last Name      Relationship to Player

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Email Address      Phone Number      Carrier (if you'd like text updates)\*

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Emergency Contact      Relationship to player      Phone Number

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Medical Concerns:

Recreational Soccer: Age Group \_\_\_\_\_

Play History: Has child played organized soccer before?      YES      NO

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Select Soccer: Age Group \_\_\_\_\_ Team Name: \_\_\_\_\_

Did child attend Try-Out?    YES      NO      Date Attended: \_\_\_\_\_

Are you interested in.....?

Coaching \_\_\_\_\_      Assistant Coaching \_\_\_\_\_      Team Manager \_\_\_\_\_

**Consent for Medical Treatment**

As the parent or legal guardian of the above named player, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. **Initials** \_\_\_\_\_

**Waiver of Liability**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA, its affiliated organizations (including the Murray Calloway County Soccer Association) 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 USYSA, its affiliated organizations (including the Murray Calloway County Soccer Association) and sponsors, their employees and associated personnel, including coaches, assistant coaches, Referees and 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 registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. **Initials** \_\_\_\_\_

**Code of Conduct**

As the parent or legal guardian of the above named player, I attest that I have read, and will abide by, the KYSA Parent Code of Conduct that has been adopted by the MCCSA. **Initials** \_\_\_\_\_

**Photo Release**

As the parent of the registrant, I hereby grant MCCSA permission to use their likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by MCCSA and for use by the Soccer Association. I agree to make no monetary or other claim against MCCSA for the use of the photograph(s)/video. **Initials** \_\_\_\_\_

**Request for Refund**

I acknowledge, MCCSA Policy states no registration refunds will be granted after April 15th for the spring season or Sept 15 for the fall season, unless approved by the Board. **Initials** \_\_\_\_\_

**Parent/Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Fee\$ \_\_\_\_\_ Discount\$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Total Collected \$ \_\_\_\_\_ Received By: \_\_\_\_\_