



# MYSO HS Academy

20\_\_ Registration

Mail to: MYSO P. O. Box 385 Meridian, MS 39302

**Club Fees:**

*Registration* - \$60: Covers all player registration, insurance, and practice shirt.

*Monthly player fees* - to be determined based on # of players. Fees are due by the 10<sup>th</sup> of each month. Fees can be paid electronically or mailed to P. O. Box.

PLAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL (*print clearly*): \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL (*print clearly*): \_\_\_\_\_

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please list Allergies the player has: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER**

I, \_\_\_\_\_ hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide my child, \_\_\_\_\_ with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, their sponsors, the USSF, and its affiliated organizations, and the employees and associated personnel of the organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in AFC programs and/or being transported to or from the same, which transportation I hereby authorize.

**TO Parents/Guardians/Players:** Registration with AFC is a binding agreement that will require participation by the player for the full seasonal year to the team to which they are assigned. I understand that this registration is an obligation for the entire 2015-2016 soccer season. If a payment becomes thirty days or more delinquent, the player will not be allowed to practice or play or be transferred/released to another club or team until payment has been received in full. The player pass card will be held by the club until the delinquent payments are received. In the event your child is injured or misses practices/games for any reason, by signing this contract, you are still responsible for team fees each month. In the event your child drops off the team, you agree to be responsible for the remaining contract balance in order to be reinstated onto any team within Alliance Futbol Club.

*By signing this form, I/we agree to participate for the full seasonal year on the team to which I/we are assigned unless properly released or transferred contingent upon the fulfillment of all financial obligations to Alliance Futbol Club.*

\_\_\_\_\_  
**SIGNATURE of PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**



## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  Relation  to player  Father  
Mother Guardian

Form #R002-Y – 5/2012