

## **MYSO HS Academy**

20\_\_\_\_ Registration

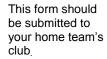
Mail to: MYSO P. O. Box 385 Meridian, MS 39302

## **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.

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 of the player has: Phone:   Please list Allergies the player has: Phone:   Please list other medical conditions: Phone: Phone:   Insurance Company: Policy Number: Phone:   MEDICAL TREATMENT AUTHORIZATION AND LIABIL  , hereby give my consent to have an athletic traine emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or deprovide my child, with medical assistance and/or treatment responsible for the cost of such assistance and/or treatment. I understand treatment for injury a release, discharge, and otherwise indemnify the club, their sponsors, the USSF, and its affiliated and associated personnel of the organizations, against any claim by or on behalf of the soccer player.	
EMAIL (print clearly):	
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player's participation in AFC programs and/or being transported to or from the same, which transported to or from the same and the same	· ·
TO Parents/Guardians/Players: Registration with AFC is a binding agreement that	
player for the full seasonal year to the team to which they are assigned. I understand that th the entire 2015-2016 soccer season. If a payment becomes thirty days or more delinquent, the	
the entire 2015-2016 soccer season. If a payment becomes thirty days of more delinquent, the practice or play or be transferred/released to another club or team until payment has been re	
will be held by the club until the delinquent payments are received. In the event your child is i	
any reason, by signing this contract, you are still responsible for team fees each month. In the	
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/ released or transferred contingent upon the fulfillment of all financial obligations to Alliance I	
SIGNATURE of PARENT/GUARDIAN	DATE





## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or the player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: Meridian Youth Soc	ccer Organization	City: Me	eridian	State:	MS
League Academy Name:					
I hereby consent to the above-nam registered to only one US Club Socagain as long as the player is with the	cer member club at any time	e. [Note: it will not	be necessary to c	omplete th	s form
Parent/Guardian Signature					
Player's Signature		-			
	PLAYER'S MEDICAL I	NFORMATIO	N		
Player's Name:			Birth	Date:	Gender:
	City:				
Street Address:		City:			
	Email Address:	City:			
State: Zip:	Email Address:  Home Phone	· · · · · · · · · · · · · · · · · · ·	Bus Phone:	( )	
State: Zip :		· · · · · · · · · · · · · · · · · · ·	Bus Phone: Receive texts?	( ) 	]No
State: Zip : Parent Name:	Home Phone Cell Phone:	· · · · · · · · · · · · · · · · · · ·		( ) Yes  Receive	•
State: Zip :  Parent Name: Email Address: Parent Name: Home Phone:	Home Phone Cell Phone: () Bus Phone: ()	: ( ) ( ) Email Address:	Receive texts? Cell Phone: ( )		
State: Zip :  Parent Name: Email Address: Parent Name: Home Phone: texts? Yes No  In an emergency when parent/gu	Home Phone Cell Phone: () Bus Phone: () E	: ( ) ( ) Email Address:	Receive texts? Cell Phone: ( )		•
Parent Name: Email Address: Parent Name: Home Phone: texts? Yes No  In an emergency when parent/gu Name: Phone 1: ( Name:	Home Phone Cell Phone: () Bus Phone: () E  ardian cannot be reached, ) Phone 2: ()	: ( ) ( ) Email Address:	Receive texts? Cell Phone: ()		•
State: Zip :  Parent Name: Email Address: Parent Name: Home Phone: texts? Yes No  In an emergency when parent/gu Name: Phone 1: (	Home Phone Cell Phone: () Bus Phone: () E  ardian cannot be reached, ) Phone 2: () Phone 1:	: ( ) ( ) Email Address:	Receive texts? Cell Phone: ()		•
Parent Name: Email Address: Parent Name: Home Phone: texts? Yes No  In an emergency when parent/gu Name: Phone 1: ( Name:  Please list Allergies the player has: Please list other medical conditions	Home Phone Cell Phone: () Bus Phone: () E  ardian cannot be reached, ) Phone 2: () Phone 1:	Email Address:	Receive texts?  Cell Phone: ( )  the following:  Phone 2:		
Parent Name: Email Address: Parent Name: Home Phone: texts? Yes No  In an emergency when parent/gu Name: Phone 1: ( Name:  Please list Allergies the player has: Please list other medical conditions	Home Phone Cell Phone: () Bus Phone: () E  Pardian cannot be reached, ) Phone 2: () Phone 1:	: ( ) ( ) Email Address:	Receive texts? Cell Phone: ( ) the following: Phone 2:		
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## 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