



Mahaska County Soccer Club 2008 FALL Parent League Registration Form

www.mahaskasoccer.com

board member initials _____
Pd. Amount _____
Check # _____

Parent League Starts Sept 7 (Sundays 1pm) 4 weeks
Possible Age Brackets depending on player count

- Send registrations to P0 Box 513 Oskaloosa, Iowa
- * Checks payable to MCSC
- * Fee \$10

Player Information:

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip _____

Phone # _____ E-mail: _____ Birthdate _____ M/F _____

Cell# _____

Identify medical problems or restrictions _____

Person to notify in case of emergency: _____ Phone _____

Doctor to notify in case of emergency: _____ Phone _____

Insurance _____ Policy # _____

Waiver of Liability

I the registrant will abide by the rules of the MCSC, it affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MCSC accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise discharge the MCSC, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields an facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to the same, which transportation I hereby authorize.

Consent for Medical Treatment

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 my life, limb or well being.

Printed Name _____

Signature _____ Date _____