



Mahaska County Soccer Club

board member initials _____

Pd. Amount _____

Check # _____

ADULT LEAGUE

Registration Form

www.mahaskasoccer.com

First game date scheduled for Sunday March 29th

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

Player Information:

Last Name _____	First Name _____	Nickname _____
Address _____		City _____ Zip _____
E-mail: _____		Cell# _____

Medical and Emergency Information:

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 and its 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 _____