



# Mahaska County Soccer Club 2008 FALL Soccer Registration

www.mahaskasoccer.com

board member initials _____
Pd. Amount _____
Check # _____
Birth Certificate _____

**Registration deadline**  
Aug 1, \$10 late fee after July 26

- Send registrations to PO Box 513 Oskaloosa, Iowa
- \* \$40 (\$30 for JFK) Checks payable to MCSC
- \* League uniforms \$35

✓ League Season Starts Aug 25 -game days vary

✓ Recreation Season Sept 2 thru Oct 10 T/TH/ F

### Player Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

**Copy of birth certificate must be provided unless we already have one on file.**

### Parental Information

I'd like to coach \_\_\_\_\_ assistant coach \_\_\_\_\_ Coach Shirt size \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Identify medical problems or restrictions \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

### Uniform Information:

#### Shirt Size:

Youth Small  
 Youth Med.  
 Youth Large  
 Adult Small  
 Adult Med.  
 Adult Large  
 Adult X-Large

#### Short Size:

Youth Small  
 Youth Med.  
 Youth Large  
 Adult Small  
 Adult Med.  
 Adult Large  
 Adult X-large

Shorts only needed for League

### Divisions for Players

All boy/girl teams may be formed

#### If born between:

- |   |  |
|---|--|
| <input type="checkbox"/> 8/1/03-7/31/04 JFK | <input type="checkbox"/> rec                                 |
| <input type="checkbox"/> 8/1/02-7/31/03 U6  | <input type="checkbox"/> rec                                 |
| <input type="checkbox"/> 8/1/00-7/31/02 U8  | <input type="checkbox"/> rec <input type="checkbox"/> league |
| <input type="checkbox"/> 8/1/98-7/31/00 U10 | <input type="checkbox"/> rec <input type="checkbox"/> league |
| <input type="checkbox"/> 8/1/96-7/31/98 U12 | <input type="checkbox"/> rec <input type="checkbox"/> league |
| <input type="checkbox"/> 8/1/94-7/31/96 U14 | <input type="checkbox"/> league                              |
| <input type="checkbox"/> 8/1/89-7/31/94 U19 |  |

### Waiver of Liability

I, the parent/guardian of the registrant, a minor, agree that I and 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

As the parent or legal guardian of the above named player, 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 the life, limb or well being of my dependent.

Printed Name \_\_\_\_\_

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

✓ **I do NOT grant Mahaska County Soccer Club permission to use photos of my child.**