



Mahaska County Soccer Club 2009 Fall Registration

www.mahaskasoccer.com

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

**\$10 late fee after July 18
Registration deadline July 25**

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

Please Print Legibly

Player Contact Information:

**Registration is not complete until payment is received in full.
A copy of player's birth certificate must be provided unless one is already on file.**

Last Name _____ First Name _____ M.I. _____ Nickname _____
 Address _____ City _____ Zip _____ Birthdate _____ M/F _____
 E-mail: _____ Primary Contact Phone # _____

Parent/Guardian Information:

Mother's Name _____ Work # _____ Cell # _____ Home # _____
 I'd like to coach _____ assistant coach _____ Shirt size _____ **Head coaches receive a \$15 refund.**
 Father's Name _____ Work # _____ Cell # _____ Home # _____
 I'd like to coach _____ assistant coach _____ Shirt size _____ **Head coaches receive a \$15 refund.**

Medical Information:

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:	Short Size:
Youth Small (6/8)	Youth Small
Youth Med. (10/12)	Youth Med.
Youth Large (14/16)	Youth Large
Adult Small	Adult Small
Adult Med.	Adult Med.
Adult Large	Adult Large
Adult X-Large	Adult X-large

Shorts only needed for League

**League Season begins
August 10 -game days vary**

**Recreation season
Sept 8 – Oct 16; T/TH/F**

Available Leagues:

If born between:	
8/1/04-7/31/05 JFK	<input type="checkbox"/> rec
8/1/03-7/31/04 U6	<input type="checkbox"/> rec
8/1/01-7/31/03 U8	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/99-7/31/01 U10	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/97-7/31/99 U12	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/95-7/31/97 U14	<input type="checkbox"/> league
8/1/93- 7/31/95 U16	<input type="checkbox"/> league
8/1/90- 7/31/93 U19	<input type="checkbox"/> league

Waiver and Consent:

I do NOT grant Mahaska County Soccer Club permission to use photographs of my child.

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, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and inconsideration for the MCSC accepting the registrant for its soccer programs and activities, I hereby release and/or otherwise discharge the MCSC, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and 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 _____