



# Mahaska County Soccer Club 2012 Spring Registration

[www.mahaskasoccer.com](http://www.mahaskasoccer.com)

**\$25 late fee or volunteer to coach after Feb 6**

**Registrations NOT accepted if postmarked after Feb 15**

**Please Print Legibly  
Use only Blue or Black ink**

board member  
initials \_\_\_\_\_ Pd.  
Amount \_\_\_\_\_  
Check # \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Time \_\_\_\_\_

\*Send registrations to PO Box 513 Oskaloosa, Iowa\*

\*\$45 (\$35 for JFK) Checks payable to MCSC

\* League uniforms \$50

**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.**

## Player Contact Information:

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 will receive a \$15 refund at the conclusion of the season.**  
 Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
 I'd like to coach \_\_\_\_\_ assistant coach \_\_\_\_\_ Shirt size \_\_\_\_\_ **Head coaches will receive a \$15 refund at the conclusion of the season.**

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

**ALL NEW LEAGUE  
PLAYERS MUST  
SELECT A UNIFORM  
SIZE AND  
PURCHASE A NEW  
UNIFORM.**

**League Season begins  
March 19 -game days vary  
Recreation season**

**April 3 – May 18; T/TH/F**

## Available Leagues:

If born between:	
8/1/06-7/31/07 JFK	<input type="checkbox"/> rec
8/1/05-7/31/06 U6	<input type="checkbox"/> rec
8/1/03-7/31/05 U8	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/01-7/31/03 U10	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/99-7/31/01 U12	<input type="checkbox"/> rec <input type="checkbox"/> league
8/1/97-7/31/99 U14	<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 \_\_\_\_\_