

Massac Youth Soccer League (MYSL)

website: www.massacsoccer.com



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|--------------------|-------------------|--|----------------|
| Child's First Name | Child's Last Name | Birth Date (Min Age: 3 Yrs by 8/1/11) | Male or Female |
| Address | City | State | ZIP Code |

Siblings Policy:

Brothers or sisters that (a) live in the same household and (b) play within the same age-division, will be automatically placed upon the same team. List any siblings to the player above that both conditions apply (subject of Board's final approval):

Team Formation Policy:

The placement of players are considered random in nature with the normal exceptions of (a) coaches children and (b) any same-age siblings. Players that are returning to the same age-division from the previous season are kept within the same team group. All players that did not play last season OR are graduating up an age-division are placed on teams in a random format. Special requests to play with a specific friend or coach will be denied unless medical or special needs can be demonstrated. A child's "soccer age" is what age the child is on Aug 1st 2011. MSBA Board reserves the right to modify age-divisions and team formations to fit actual registrations numbers received.

For a successful league, it takes folks willing to help. Will you help or volunteer in any of the following areas:

- Head Coach
 Assistant Coach
 Board Member
 Field Marshall
 Concessions
 NO, I'm not volunteering

Parents (or Legal Guardian) Names

Primary Phone #

Parents Primary Email Address

Secondary Phone #

\$55 Regular Dues

- Deduct \$10 if we still have and will re-use of MYSL's jersey from the 2011 Fall Season.
 Note: The current jerseys will be retired after this Spring season & the league will go with new colors/styles next Fall.
 Interest Survey Only: YES! I would be interested in my child playing on an MYSL Travel Team on May 18-20 in Harrisburg, IL. (see informational sheet for details). Present School Grade: _____

TOTAL DUES = \$ _____

All players are REQUIRED to wear their own soccer shin guards for all practices and games. For safety reasons, NO jewelry of any sort is allowed. In addition, no shoes are allowed that has a protruding front-toe rubber cleat such as in baseball or softball cleats. Please wear dark or black colored shorts with your uniform during game play. Game schedule will include "away" game locations to near-by areas.

If ordering a shirt, Circle Shirt Size: YXS YS YM YL AS AM AL AXL

Make checks payable to: MSBA. Mail to (postmark must be no later than March 3): Massac Soccer Boosters, PO Box 211, Metropolis, IL 62960. Mailed or walk-up registrations will be accepted up until March 3. NO LATE REGISTRATIONS WILL BE ACCEPTED.

Waiver of Liability & Authorization for Medical Treatment

I, hereby give my approval for my child to participate in any and all activities of the Soccer Association during the current season. I understand that soccer is a physical, high-contact, can-be a dangerous activity, and that care and precaution will be exercised in the supervision thereof. By signing this form, I recognize the inherent risk of injury, including but not limited to broken limbs, head injuries, or back injuries possibly leading to paralysis or death. I further understand that my child will participate at his/her own risk, and I will assume all responsibility for any medical expenses as a result of any accident or injury, incidental to the conduct of activities and transportation to and from the activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Massac Soccer Boosters Association, the Massac Soccer Youth League, and the City of Metropolis, its officials, employees, agents, staff, along with any person transporting my child to and from activities, from any and all negligent acts or conduct of commission or omission if any, or any other injury arising from this program which may be sustained by my child. I hereby grant permission for my child to participate in the Massac Youth Soccer League (MYSL) and to be treated by licensed physician or member of the MYSL staff in the event of an injury, illness, or other mishap.

Signature of Parent or Guardian: _____ Date: _____