| For MYSO Use Only: |
|--------------------|
| Division: |
| Paid \$ |
| Check # |

Meridian Youth Soccer Organization Player Registration Form 2015-2016

4820A Poplar Springs Drive PMB #150 Meridian MS 39305 Register Online at www.MeridianSoccer.com

New players must submit a birth certificate with registration form.

Registration form must be complete, accurate, and received by MYSO no later than August 1

| | egisirau | on form must be (| complete, accura | ate, and r | eceived by M11 | SO 110 1 | ater the | ın Au | gust 1 | | | |
|--|-------------|---|-------------------------------------|---------------------------------------|--------------------|------------------|----------|--------|-----------------------------------|-----------|--|--|
| REGISTR | ATI(| ON INCLU | DES FAL | L AN | D SPRIN | G SE | | | & UNIFOR ne as on Birth Certifica | | | |
| | Aug. 1, 20 | <u>irth Date</u> 11 to July 31, 2012 | Reg. Fee \$105 \$105 \$105 | P | ayer First Name * | | | | | | | |
| Under 6 | Aug. 1, 20 | 10 to July 31, 2011 09 to July 31, 2010 | | | Middle Initial * | | | | | | | |
| Under 8 | Aug. 1, 20 | 08 to July 31, 2009 07 to July 31, 2008 05 to July 31, 2007 | \$125 \$125 \$125 | | Last Name * | | | | | | | |
| Under 12 | Aug. 1, 20 | 03 to July 31, 2005 96 to July 31, 2003 | \$125 \$50 | | Street Address | | | | | | | |
| HS Divisio | n - Fall Or | lly / Boys & Girls / 7v7 | 7 format | City/State/Zip Code | | | | | | | | |
| Description | n - Pan Or | Amo | |] | Birth Date | | | | | | | |
| Description | | Amo | uni | G | ender (Circle One) | | | 1 | Male / Female | | | |
| Enter Registration Fee Here | | | | _ | Email Address | | | | | | | |
| \$25 Late Fee if After 08/01 | | | | | School | | | | | | | |
| -\$10 Sibling Discount Name of Full Price Sibli | | -\$1 | 10 | Health Concerns and/or Medications | | | | | | | | |
| \$300 to Sponsor a '(Please include sponsor | | | | Jorsov Si | ze (Circle One) | yxs | VS V | M VI | YXL AS AM AL | AYI | | |
| Scholarship Fund Any Amount is Appreciated | | | | | e (Circle One) | YXS | | | YXL AS AM AL | | | |
| Total Paymen | ıt | | NO REFUNDS | - | | | | | | | | |
| For game update | es and fre | e training opportuni | ities visit <u>www.Mei</u> | <u>ridianSocc</u> | er.com and face | ebook <u>htt</u> | os://www | .faceb | ook.com/MeridianY | <u>so</u> | | |
| | | | FAMILY | INFORM | IATION | | | | | | | |
| Father: | | | | Mother: | | | | | | | | |
| Phone #: | | | | Phone #: | | | | | | | | |
| Email: | | | | Email: | | | | | | | | |

Will you coach a team? Yes or No (Please Circle One) No experience required. We have a great Director of Coaching that will teach everything you need to know and provide you with lesson plans for each session. All coaches are subject to a background check.

CONSENT TO PLAY AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSO/MSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSO/MSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent to have an athletic trainer and/or Doctor of Medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. To Parents/Guardians/Players: Registration with MYSO is a binding agreement that will require participation by the player for the full seasonal year to the team to which they are assigned. By signing this form, I/we agree to participate for the full seasonal year on the team to which I/we are assigned unless properly released or transferred from my assigned team. I/we also agree to pay any fines which may be assessed to MYSO as a result of my/our inappropriate or unsportsmanlike behavior at sanctioned MSA/MYSO events. I agree to allow the use of my child's photo(s) on the MYSO/AFC website www.meridiansoccer.com and/or other MYSO/AFC publications.

| Signature of Parent/Guardian | | | | | | | | | | | Da | ate | | | | | |
|------------------------------|---|--|--|--|---|--|---|--|--|------|----|------|---|--|--|------|--|
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