PLAYER REGISTRATION FORM

Fees Paid:
Check No. _____ Amount _____

Cash _____

Serving the youth of Missouri City and surrounding communities

281-403-2200
www.missouricitysoccer.com

Mail to:
6140 Hwy 6, #224
Missouri City, TX 77459

Use Birth Certificate Names Only _____
Last First Initial Nickname

Mailing Address _____
Street/Box No. City Zip

_____ _____ _____
Home Phone Number Neighborhood / Subdivision Home e-mail address

Date of Birth _____/_____/_____ ☐ Male ☐ Female
Month Day Year Verified By

Father's Name: _____

Business Phone: _____

Cell Phone: _____

E-mail address: _____

Mother's Name: _____

Business Phone: _____

Cell Phone: _____

E-mail address: _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number prior Years played _____ Last League/Team _____ Date of Last Season _____

School Name: _____ **Grade** _____

UNIFORM SIZE

	Youth	Adult
SHIRTS:	S M L	S M L XL
SHORTS:	S M L	S M L XL
SOCKS:	S M L	S M L XL

Other Children From Family Presently In League _____ Age_____

Other Children From Family Presently In League _____ Age_____

Other Children From Family Presently In League _____ Age_____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

☐ Coach ☐ Asst. Coach ☐ Team Parent ☐ Field Preparation
☐ Board Member ☐ Publicity ☐ Friendship Tournament ☐ Referee
☐ Registration Committee ☐ Marketing

☐ Other

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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.

CONSENT FOR MEDICAL TREATMENT (MINOR) 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.

_____ _____ _____
Parent or Guardian (Please Print) Signature Date