



MSC United Soccer Club

4406 E. Main Street, #102 PMB86
Mesa, AZ 85205



2008-2009 Competitive Registration

****Player Information Must Match Birth Certificate****

Last Name: _____ First Name: _____ MI: _____

Player's Date of Birth: _____ Gender: _____ Playing Experience: (years) _____

Last Team to Play For: _____ Club Name: _____

Season Last Played: _____ Coach's Name: _____

Player Resides with: Mom Dad Both Other

Parent/Guardian Names _____

Address: _____ City: _____ State: _____ Zip: _____

Email _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Players Name: _____ Health Insurance Company: _____

Group Number: _____ Physician and Phone: _____

List any/all physical/medical conditions which may affect player including allergies to medications: _____

Tournament Commitment: All Club members and parents are required to volunteer their time with the Patriot's Day Tournament. This tournament underwrites many functions of the club to benefit all of the players and parents. As a member of this club, everyone is required to donate time in support of this tournament. The Volunteer time required is 4 hours per parent. A fee of \$50 can be paid in lieu of each 4 hour requirement.

Waiver: I do hereby expressly and specifically assume all of the risks which attend the game of soccer and any other related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold harmless The MSC United Soccer Club and The East Valley Sports Academy, its officials, coaches and members including but not limited to any adjoining facilities from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts or omission and participation of the undersigned in any related activity. I also agree to all rules and regulations of The MSC United Soccer Club.

Consent for Medical Treatment (minor): As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above.

Printed Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Date: _____

Medical Release Notarization <small>(Recommended In-State Play, Required out-of-state)</small> Subscribed and sworn to me this day of,	FEES Payable To: MSC UNITED
	OFFICIAL USE ONLY -- DO NOT FILL OUT
_____ Day _____ Month _____ Year	Registration Fee: \$ _____
Signature _____	Uniform Fee: \$ _____
	Total Fees: \$ _____
	Paid: \$ _____