

Mifflin County Soccer Club Fall 2010 Registration

- Coordinator will place players on teams, an attempt will be made to accommodate special requests and/or needs, however the coordinators' decision is final.
- Cost of registration is **\$30 per player up to a maximum of \$70 per household**. Payment due at time of registration. Make checks payable to: Mifflin County Soccer Club (There will be NO REFUNDS)
- Grade brackets are K-1st / 2nd-3rd / 4th-6th grade. Players entering 7th grade are encouraged to join the Jr. High program for 7th & 8th graders. **No 4 year olds are permitted to play.**
- Registration questions may be e-mailed to: mjsc@mifflincountysoccer.com
- Registrations may be returned by mail to **Mifflin County Soccer Club, PO Box 663, Lewistown, PA 17044**

2010 REGISTRATION FORM Registration deadline July 10, 2010

NO Registration will be accepted after July 10, 2010 NO EXCEPTIONS

PLEASE PRINT

_____ Male _____
 Players Name Female Parent/Guardian Name

Birth Date: ____/____/____ Age on 9/1/2010: ____ School _____ Grade Entering: ____

Street Address _____ City _____
 (____) _____ (____) _____
 Primary Phone Alt Phone E-mail address

Preferred Team Area - Circle One
Does not GUARANTEE that there will be a team in that area.
 Lewistown Burnham McVeytown Strodes Belleville Reedville Milroy McClure

_____ Last Year's Coach: _____ Years Played: _____ Specials Needs _____

Shirt Size: Please Check One Child Adult Please Check One Small Medium Large X-Large

The undersigned agrees to defend, indemnify, and hold harmless the Mifflin County Soccer Club and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and costs whatsoever character which may arise by reason of participation in any program. (The Mifflin County Soccer Club does not provide accident, medical, liability, workers compensation insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to reasonably inspect and satisfy for myself that the facilities provided are safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the Club retains the rights to use photographs or videos of participants taken at programs, for publicity and advertising purposes.

Realizing that no athletic activity, including soccer, is without risk of injury to the participants, I the Parent/Legal Guardian, give permission for him/her to participate in the MCSC Recreational League and release Mifflin County Soccer Club and all sponsors, officers, coaches and officials from any and all liability.

_____ Parent / Legal Guardian Signature _____ Date ____/____/____
 (Printing your name signifies your signature)

** Please volunteer, choose to be involved with your children!

- I would be willing to officiate recreational games
- I would be willing to participate in the Club Organization
- I would be willing to Coach
- I would be willing to Assistant Coach
- My child is interested in playing Spring Travel Soccer or Winter Indoor Soccer
- I want more information on Mifflin County Soccer Camp
- I can help with fields, uniforms, equipment, etc

Practice may begin August 1st, **Picture Day will be September 11th** (Photographer: Eric Specht), and first game(s) will be August 29th. Email the Rec League Director (director@mifflincountysoccer.com) or call 717-250-6436 if you have any questions. Email is preferred.

Mifflin County Soccer Club Revised: October 11, 2009

MCSC Use Only Amt. Paid \$ _____ Cash Check Number _____ Date Paid ____/____/____