MANDEVILLE SOCCER CLUB

790 Florida Street, Suite 2A
Mandeville, LA 70448
Phone: (985) 624-8080
Fax: (985) 624-9662 e-mail: msclub@bellsouth.net www.mscsoccer.org

REGISTRATION FOR:

(Please Circle Only One)

Recreational Youth	Developmental Tryouts only	Division 1 Tryouts only	Premier Tryouts only	TOPSoccer Special Needs	Adult JFK	Adult MACS

PLAYER INFORMATION

(Please print clearly)

Player's Last Name: _____ **First Name:** _____ **DOB:** _____

Last Seasons Coach / League: _____/_____ **# years played:** _____ **Male**_____ **Female**_____

Parent(s) or Guardian(s) Name(s): _____ **Mother's DOB:**_____**Subdivision:**_____
(Month & day only - required by LSA)

E-mail #1: Please print clearly

E-mail #2: Please print clearly

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

His Home Phone: ( ) _____ **Cell: ( )** _____ **Work Phone: ( )** _____

Her Home Phone: ( ) _____ **Cell: ( )** _____ **Work Phone: ( )** _____

COMMENTS:

VOLUNTEER INFORMATION

Coach and Assistant Coach must complete the volunteer disclosure form annually on the LSA website at www.lsa-soccer.org to be placed on the roster

Sponsorship:_____ **Head Coach:**_____ **Asst. Coach:**_____ **Director:**_____ **Team Parent:**_____ **Referee:**_____

Topsoccer:_____ **Publicity:**_____ **Tournament:**_____ **Office:**_____ **Board Member:**_____ **Captain:**_____

EMERGENCY INFORMATION

If there is an emergency and I cannot be contacted, please contact:
Name:_____ **Phone:**_____

As parent or guardian of the minor registered above, on his/her behalf and my own, we do agree by my signature below that we will abide by all the rules and by-laws of the MANDEVILLE SOCCER CLUB (MSC) and all affiliated organizations including LSA and/or USYSA. We also recognize the risk of injury inherent in participating in soccer in all respects and in consideration for acceptance of my child into the MSC program, we agree to assume all risk of injury incidental to his/her participation in the program. We release and will defend and indemnify MSC, its coaches, officials, directors, employees, referees, members and all other soccer player/participants from any claim for liability for damages arising out of my child's participation in MSC sanctioned activities including but not limited to, games and/or practices, tournaments, clinics, camps and transportation to/from such activities. This release shall also include such claims against First Recreational District or any other owner (s) of any other facilities used by MSC for sanctioned soccer activities. In my absence, I expressly authorize my child's coach, assistant coach and/or MSC officials to secure any necessary, emergency medical care or transportation for him/her in the event of injury, including first aid and/or medical treatment by licensed paramedics, physicians and/or hospitals at my expense. I understand that all medical insurance coverage provided to MSC for our benefit is excess to our own insurance (if any) and subject to certain deductibles and other limits.

Parent or Guardian Signature:_____ **Date:**_____

Mandeville Soccer Club Use Only

Out of Rec District #1: **No** **Yes + $50 ck#**_____ **Amount Paid:** **REG $** _____ **P/U Age Group: U-**_____
OOD $ _____
New Player: _____ **Check Number:** _____ **Other $** _____ **Age Group: U-**_____

Return Player: _____ **Birth Certificate #:** _____ **League:**_____