



Marshall County Soccer Registration Spring 2010

Registration Deadline: November 30, 2009
 (Medical Release Form MUST be completed as well.)

State 14
District 11
League 24

Player Profile				
Name: _____				
Last Name	First Name	Middle Initial	Male/Female	
Address: _____				
Street	City	State	ZIP	
Phone: _____		Birth Date: ___/___/___		Age Today: _____
Email: _____		Cell Phone: _____		Emerg. Phone: _____
School: _____		Grade: _____		Last Season: _____

Registration Fees for Spring 2010 (Circle appropriate information.)													
Age Groups	Division	New Player	Returning Fall '09 Player	Uniform Sizes (Circle appropriate sizes.)									
8/1/03 – 7/31/05	Kiddie Kick	\$30.00	\$15.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <th style="width: 15%;">Youth</th> <th style="width: 15%;">Adult</th> </tr> <tr> <th style="text-align: center;">Shirt</th> <td style="text-align: center;">S M L</td> <td style="text-align: center;">S M L XL</td> </tr> <tr> <th style="text-align: center;">Shorts</th> <td style="text-align: center;">S M L</td> <td style="text-align: center;">S M L XL</td> </tr> </table>		Youth	Adult	Shirt	S M L	S M L XL	Shorts	S M L	S M L XL
	Youth	Adult											
Shirt	S M L	S M L XL											
Shorts	S M L	S M L XL											
8/1/01 – 7/31/03	U8	\$35.00	\$15.00										
8/1/99 – 7/31/01	U10	\$35.00	\$15.00										
8/1/97 – 7/31/99	U12	\$50.00	\$15.00										
8/1/95 – 7/31/97	U14	\$50.00	\$15.00										

Parent/Guardian/Volunteer Profile	
Father: _____ Mother: _____	
Please mark all that apply. Indicate "F" for father helping and/or "M" for mother helping.	
<input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Mgr <input type="checkbox"/> Field Prep <input type="checkbox"/> Referee <input type="checkbox"/> Division Commissioner <input type="checkbox"/> Board/Committee Member <input type="checkbox"/> Fundraising <input type="checkbox"/> Uniforms <input type="checkbox"/> Other: _____	

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of MCSC, WVSA, and USYSA, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for MCSC, WVSA, and USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify MCSC, WVSA, 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 any injury or damage occurring during the registrant's participation in the programs and/or being transported to or from the same, which transportation I authorize.

Parent/Guardian Signature: _____ Date: _____

Forms must be completed, mailed, and postmarked no later than November 30, 2009.
No registrations will be accepted after November 30, 2009.

Make checks payable to Marshall County Soccer Club (MCSC)
 For more information contact : Eric Mencer, Registrar, mencer@gmail.com, 304-215-1656
 Dave Papula, President, 304-845-3129

COMPLETED FORMS should be Mailed, or put in MCSC box on front porch to:
 Eric Mencer, Registrar
 1810 Meighen Avenue
 Moundsville, WV 26041

League Use Only			
Paid Cash: \$ _____	Paid Check: # _____ \$ _____	Notarized: _____	