For MYSO Use Only:
Division:
Paid \$
Check #

Meridian Youth Soccer Organization

Player Registration Form 2017-2018

PO Box 385, Meridian, MS 39301

Register Online at www.MeridianSoccer.com

New players must submit a birth certificate with registration form.

Registration form must be complete, accurate, and received by MYSO no later than August 11th.

Age Group Under 4 Under 5 Under 6 Under 7 Under 8 Under 10 Under 12	Birth Year 2014 2013 2012 2011 2010 2008/2009 2006/2007	Reg. Fee \$110 \$110 \$110 \$130 \$130 \$130 \$130	Player First Name * Middle Initial * Last Name * Street Address	- - -						tificate*
			City/State/Zip Code	_						
Description Amount		Birth Date								
Enter Registration Fee Here	istration Fee Here		Gender (Circle One)	Male / Female						
\$25 Late Fee if After 08/11			Email Address	_						
-\$10 Sibling Discount – Print Name of Full Price Sibling Here		-\$10	School Health Concerns and/or Medications	_						
\$300 to Sponsor a Team Please include sponsor name)		Jersey Size (Circle One)	YXS	YS	VM V	ZI VY	1 48	AM	AL AXL
Scholarship Fund Any Amount is Appreciated			Short Size (Circle One)	YXS						AL AXI
Total Payment		NO REFUNDS								
For game updates and	l training opportu	nities visit <u>www.Meri</u>	dianSoccer.com and facebook	https:	<u>//ww</u> u	v.facel	ook.co	n/Mei	<u>ridian</u>	<u>YSO</u>
		FAMIL	Y INFORMATION							
ther:			Mother:							
none #:			Phone #:							
nail:			Email:							

teach everything you need to know and provide you with lesson plans for each session. All coaches are subject to a background check.

CONSENT TO PLAY AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSO/MSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSO/MSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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. I hereby give my consent to have an athletic trainer and/or Doctor of Medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. To Parents/Guardians/Players: Registration with MYSO is a binding agreement that will require participation by the player for the full seasonal year to the team to which they are assigned. By signing this form, I/we agree to participate for the full seasonal year on the team to which I/we are assigned unless properly released or transferred from my assigned team. I/we also agree to pay any fines which may be assessed to MYSO as a result of my/our inappropriate or unsportsmanlike behavior at sanctioned MSA/MYSO events. I agree to allow the use of my child's photo(s) on the MYSO/AFC website www.meridiansoccer.com and/or other MYSO/AFC publications.

Signature of Parent/Guardian	Date
TC . I	/ N.C. 1