

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

Meridian Youth Soccer Organization

Player Registration Form 2018-2019

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 15th.



REGISTRATION INCLUDES FALL AND SPRING SEASON & UNIFORM

Player's Name as on Birth Certificate

Age Group	Birth Year	Reg. Fee
Under 4	2015	\$110
Under 5	2014	\$110
Under 6	2013	\$110
Under 7	2012	\$130
Under 8	2011	\$130
Under 10	2009/2010	\$130
Under 12	2007/2008	\$130

Player First Name *

Middle Initial *

Last Name *

Street Address

City/State/Zip Code

Birth Date

Gender (Circle One)

Male / Female

Email Address

School

Health Concerns and/or Medications

Jersey Size (Circle One)

YXS YS YM YL YXL AS AM AL AXL

Short Size (Circle One)

YXS YS YM YL YXL AS AM AL AXL

Description	Amount
Enter Registration Fee Here	
\$25 Late Fee if After 08/15	
-\$10 Sibling Discount – Print Name of Full Price Sibling Here	-\$10
\$300 to Sponsor a Team (Please include sponsor name)	
Scholarship Fund Any Amount is Appreciated	
Total Payment	NO REFUNDS

For game updates and free training opportunities visit www.MeridianSoccer.com and  <https://www.facebook.com/MeridianYSO>

FAMILY INFORMATION

Father:
Phone #:
Email:

Mother:
Phone #:
Email:

Will you coach a team? Yes or No (Please Circle One) *No experience required. We have a great Director of Coaching that will 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 _____

If you have questions email registrar@MeridianSoccer.com / Mail registration form to MYSO PO Box 385, Meridian, MS 39301