

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

Meridian Youth Soccer Organization

Player Registration Form 2013-2014

P. O. Box 385, Meridian, MS 39302

Register Online at www.MeridianSoccer.com

Registration form must be received by MYSO no later than August 17th

*****Registration form must be complete and accurate. New players must submit a birth certificate with registration form*****

Register Onsite at Jaycee Soccer Complex - Aug 3rd 9am-12pm / Aug 15th 5pm-7pm / Aug 17th 9am-12pm



Fees Include Fall & Spring Season – Uniforms are \$25 and not included in fees – **NO REFUNDS**

Age Group	Birthdate	Reg. Fee
Under 4	Aug. 1, 2009 to July 31, 2010	\$50
Under 5	Aug. 1, 2008 to July 31, 2009	\$70
Under 6	Aug. 1, 2007 to July 31, 2008	\$70
Under 7	Aug. 1, 2006 to July 31, 2007	\$80
Under 8	Aug. 1, 2005 to July 31, 2006	\$80
Under 10	Aug. 1, 2003 to July 31, 2005	\$100
Under 12	Aug. 1, 2001 to July 31, 2003	\$100
Under 14	Aug. 1, 1999 to July 31, 2001	\$100
Under 16	Aug. 1, 1997 to July 31, 1999	\$100
Under 19	Aug. 1, 1994 to July 31, 1997	\$100

Player First Name	
Middle Initial	
Last Name	
Street Address	
City/State/Zip Code	
Birthdate	
Gender (M or F)	
Preferred Email Address	
School	
Allergies/Medication	
Jersey Size	YXS / YS / YM / YL / YXL / YXXL AS / AM / AL / AXL / AXXL
Short Size	YXS / YS / YM / YL / YXL / YXXL AS / AM / AL / AXL / AXXL
Uniform Number (List 3 Choices)	

Description	Amount
Enter Registration Fee Here	
\$25 Late Fee if After 8/17	
-\$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	

Family Information

*First Name / Last Name / Preferred Telephone Number / Employer / *Email**

Father _____

Mother _____

Will you coach a team? Yes or No (Please Circle One) Which parent? Mother or Father
No experience required. We have a great coaching staff that will teach you how, and provide you with lesson plans for each session. All coaches are subject to a background check, and will not be allowed to coach without passing it.

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/MFC website www.meridiansoccer.com and/or other MYSO/MFC publications.

Signature of Parent/Guardian _____ Date _____

If you have questions email MYSO@MeridianSoccer.com / Mail registration form to MYSO P.O. Box 385 Meridian MS 39302