



Last Name: _____ First Name: _____

Email address: _____

Cell number for text messaging: _____

Registration Fee: \$40 _____. Date Paid/Received by MYSO: _____

THE FOLLOWING MUST BE READ AND SIGNED

FOR REGISTRATION TO BE VALID:

I hereby represent that I am in good health and can participate in competitive soccer. Recognizing the inherent possibility of physical injury associated with participation in outdoor soccer activities, and in consideration of being permitted to participate in such activities on the fields and facilities of Meridian Youth Soccer Organization (“MYSO”), I do hereby absolutely assume all risks and hazards incidental to such soccer activities and do hereby release, absolve, and fully forgive and further agree to indemnify and hold harmless MYSO, its affiliated organizations and sponsors, their employees, volunteers, and all other associated personnel and/or entities, and all other persons participating in such soccer activities from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, that I or my heirs, successors, or assignees may have arising from or by reason of any injury, whether known or unknown, including death, or any property damage, whether the result of any negligence or any other cause, relating in any way to such activities. I also give my consent for emergency medical care prescribed by any duly licensed Doctor of Medicine or Doctor of Dentistry given under whatever conditions deemed necessary to preserve my life, limb or well-being. I also recognize that I am required to register myself as an adult player with the Mississippi Soccer Association (“MSA”), and I hereby represent that I have in fact so registered myself with MSA.

Signature of

Participant: _____ Date: _____

ALL PARTICIPANTS MUST BE 18 YEARS OF AGE OR OLDER
PLEASE MAIL APPLICATION AND CHECK OR MONEY ORDER BY JUNE 4, 2012
MAIL TO: PO BOX 385 MERIDIAN, MS 39302